


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90014 043 ***150.00

DOCUMENT # P97000108755 1. Entity Name CHARLOTTE CARDIAC RESEARCH CENTER, INC.					
Principal Place of Business 3340 TAMiami TRAIL PORT CHARLOTTE, FL 33952			Mailing Address P.O. BOX 495120 PORT CHARLOTTE, FL 33949		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0802826	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOPEZ, MARIO J 3340 TAMiami TRAIL PORT CHARLOTTE, FL 33952				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
* FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOPEZ, MARIO		NAME		
STREET ADDRESS	3340 TAMiami TRAIL		STREET ADDRESS		
CITY - ST - ZIP	PORT CHARLOTTE, FL 33952		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONNELLY, TERENCE P		NAME		
STREET ADDRESS	1841 JAMICA WAY		STREET ADDRESS		
CITY - ST - ZIP	PUNTA GORDA, FL 33950		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COSSU, SERGO		NAME		
STREET ADDRESS	4025 BASTIA COURT		STREET ADDRESS		
CITY - ST - ZIP	PUNTA GORDA, FL 33950		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, RICARDO R		NAME		
STREET ADDRESS	17557 O'HARA DRIVE		STREET ADDRESS		
CITY - ST - ZIP	PORT CHARLOTTE, FL 33954		CITY - ST - ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VITULLO, RAYMOND		NAME		
STREET ADDRESS	3605 ISLAND CLUB DRIVE		STREET ADDRESS		
CITY - ST - ZIP	NORTH PORT, FL 34288		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		