

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90024 027 ***150.00

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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

DO NOT WRITE IN THIS SPACE



07092007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0802826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, MARIO J
3340 TAMiami TRAIL
PORT CHARLOTTE, FL 33952

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

***150**
FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOPEZ, MARIO
STREET ADDRESS 3340 TAMiami TRAIL
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE D
NAME CONNELLY, TERENCE P
STREET ADDRESS 1841 JAMICA WAY
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE D
NAME COSSU, SERGO
STREET ADDRESS 4025 BASTIA COURT
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE D
NAME MARTINEZ, RICARDO R
STREET ADDRESS 17557 O'HARA DRIVE
CITY-ST-ZIP PORT CHARLOTTE, FL 33954

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

7/10/07

Date

941-764-5858

Daytime Phone #