

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000108755

FILED
Mar 30, 2009
Secretary of State

Entity Name: CHARLOTTE CARDIAC RESEARCH CENTER, INC.

Current Principal Place of Business:

3340 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 495120
PORT CHARLOTTE, FL 33949

New Mailing Address:

FEI Number: 65-0802826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, MARIO J
3340 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPEZ, MARIO
Address: 3340 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: CONNELLY, TERENCE P
Address: 1841 JAMICA WAY
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: COSSU, SERGO
Address: 4025 BASTIA COURT
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: MARTINEZ, RICARDO R
Address: 17557 O'HARA DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: MGR () Delete
Name: MALONE, MICHAEL A MD
Address: P.O. BOX 495120
City-St-Zip: PT CHARLOTTE, FL 33949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO J LOPEZ MD

PRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date