2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2011
Secretary of State

DOCUMENT# P97000108755

Entity Name: CHARLOTTE CARDIAC RESEARCH CENTER, INC.

Current Principal Place of Business:

3340 TAMIAMI TRAIL
ATTN: DIANE G.
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 495120
ATTN: DIANE
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARIO J. LOPEZ PD 03/03/2011

Electronic Signature of Signing Officer or Director Date