

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000008400

Entity Name: CARDIACARE SERVICES, P.A.

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

1850 LEE RD
200
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

9206 CYPRESS COVE DR
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3488667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITA, KARKAL
9206 CYPRESS COVE DR
ORLANDO, FL 32819 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: PSTD () Delete
Name: KARKAL, SHIVANAND MD
Address: 9206 CYPRESS COVE DR
City-St-Zip: ORLANDO, FL 32789

Title: S () Delete
Name: SMITA, KARKAL
Address: 9206 CYPRESS COVE DR
City-St-Zip: ORLANDO, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: SMITA KARKAL

SCTY

04/22/2005

Electronic Signature of Signing Officer or Director

Date