2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004
Secretary of State

DOCUMENT# P98000011123

Entity Name: FLORIDA CARDIOVASCULAR INSTITUTE, P.A.

Current Principal Place of Business:

508 SOUTH HABANA AVENUE
SUITE 340
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

508 SOUTH HABANA AVENUE
SUITE 340
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3536733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FONTANET, HECTOR L M.D.
508 SOUTH HABANA AVE
SUITE 340
TAMPA, FL 33647

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: DP ( ) Delete
Name: FONTANET, HECTOR L
Address: 508 S HABANA AVE STE 340
City-St-Zip: TAMPA, FL 33609

Title: VPSD ( ) Delete
Name: SULLEBARGER, J. THOMPSON
Address: 508 S HABANA AVE STE 340
City-St-Zip: TAMPA, FL 33609

Title: VPD ( ) Delete
Name: MATAR, FADI A
Address: 508 S HABANA AVE SUITE 340
City-St-Zip: TAMPA, FL 33609

Title: VPT ( ) Delete
Name: GALLARDO, IGNACIO
Address: 508 S HABANA AVE STE 340
City-St-Zip: TAMPA, FL 33609

Title: VPD ( ) Delete
Name: SIRACUSE, JOAN E
Address: 508 S HABANA AVE, SUITE 340
City-St-Zip: TAMPA, FL 33609

Title: VD ( ) Delete
Name: DANY, SAYAD
Address: 508 S HABANA AVE STE 340
City-St-Zip: TAMPA, FL 33609

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:

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: HECTOR FONTANET MD 02/26/2004

Electronic Signature of Signing Officer or Director Date