

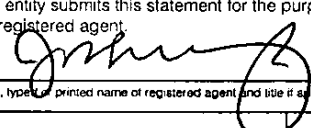
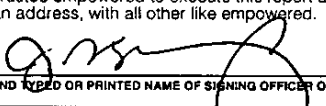


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90138 020 ***150.00

DOCUMENT # P98000011123					
1. Entity Name FLORIDA CARDIOVASCULAR INSTITUTE, P.A.					
Principal Place of Business 508 SOUTH HABANA AVENUE SUITE 340 TAMPA, FL 33609			Mailing Address 508 SOUTH HABANA AVENUE SUITE 340 TAMPA, FL 33609		
2. Principal Place of Business 509 S. ARMENIA AVE.		3. Mailing Address 509 S. ARMENIA AVE.			
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc. SUITE 200		03282005 Chg-P CR2E034 (10/03)	
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 59-3536733	
Zip 33609		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FONTANET, HECTOR L M.D. 508 SOUTH HABANA AVE SUITE 340 TAMPA, FL 33647			7. Name and Address of New Registered Agent Name J. THOMPSON SULLEBARGER, M.D. Street Address (P.O. Box Number is Not Acceptable) 509 S. ARMENIA AVE SUITE 200 City TAMPA FL Zip Code 33609		
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  3/28/05 J. THOMPSON SULLEBARGER, M.D., PRESIDENT <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FONTANET, HECTOR L 508 S HABANA AVE STE 340 TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SULLEBARGER, J. THOMPSON 508 S HABANA AVE STE 340 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MATAR, FADI A 508 S HABANA AVE SUITE 340 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GALLARDO, IGNACIO 508 S HABANA AVE STE 340 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIRACUSE, JOAN E 508 S HABANA AVE, SUITE 340 TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANY, SAYAD 508 S HABANA AVE STE 340 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  3/28/05 813-353-8634 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

J. THOMPSON SULLEBARGER **813-353-8634**