

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000011123

FILED
Mar 24, 2009
Secretary of State

Entity Name: FLORIDA CARDIOVASCULAR INSTITUTE, P.A.

Current Principal Place of Business:

509 S ARMENIA AVE, STE 200
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

509 S ARMENIA AVE, STE 200
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:

SULLEBARGER, J. THOMPSON MD
509 S. ARMENIA AVE, STE 200
TAMPA, FL 33609 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: PTD () Delete
Name: SULLEBARGER, J. THOMPSON
Address: 509 S. ARMENIA AVE, STE 200
City-St-Zip: TAMPA, FL 33609

Title: DV () Delete
Name: MATAR, FADI A
Address: 509 S. ARMENIA AVE, STE 200
City-St-Zip: TAMPA, FL 33609

Title: DV () Delete
Name: GALLARDO, IGNACIO
Address: 509 S. ARMENIA AVE, STE 200
City-St-Zip: TAMPA, FL 33609

Title: DT () Delete
Name: DANY, SAYAD
Address: 509 S. ARMENIA AVE, STE 200
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: KOCH, LISA
Address: 509 S. ARMENIA AVE, STE 200
City-St-Zip: TAMPA, FL 33609

Title: DS () Delete
Name: FERNANDEZ, JOEL
Address: 509 S. ARMENIA AVE, STE 200
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SULLEBARGER, J. THOMPSON
Address: 509 S. ARMENIA AVE, STE 200
City-St-Zip: TAMPA, FL 33609

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

Title: D (X) Change () Addition
Name: GALLARDO, IGNACIO
Address: 509 S. ARMENIA AVE, STE 200
City-St-Zip: TAMPA, FL 33609

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: J. THOMPSON SULLEBARGER

DP

03/24/2009

Electronic Signature of Signing Officer or Director

Date