

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000011123

FILED  
Apr 06, 2010  
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: DP  
Name: SULLEBARGER, J. THOMPSON  
Address: 509 S. ARMENIA AVE, STE 200  
City-St-Zip: TAMPA, FL 33609

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

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

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

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

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: J. THOMPSON SULLEBARGER

DP

04/06/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date