

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000035566

FILED
Apr 30, 2008
Secretary of State

Entity Name: NAPLES CARDIOLOGY/INTERNAL MEDICINE, P.A.

Current Principal Place of Business:

6610 DANIELS RD
NAPLES, FL 34109

New Principal Place of Business:

MICHAEL BODAH, C.P.A.
2443 PINWOODS CIRCLE
NAPLES, FL 34105

Current Mailing Address:

PO BOX 8665
NAPLES, FL 34101

New Mailing Address:

FEI Number: 65-0829017 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COOK, CAROLE G
6610 DANIELS RD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

COOK, CAROLE G
C/O MICHAEL J. BODAH, C.P.A.
2443 PINWOODS CIRCLE
NAPLES, FL 34105 US

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

04/30/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: COOK, WILLIAM R MD
Address: 6610 DANIELS RD
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: COOK, WILLIAM R MD
Address: P.O. BOX 8665
City-St-Zip: NAPLES, FL 34101

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: WILLIAM R. COOK, M.D.

Electronic Signature of Signing Officer or Director

PVST

04/30/2008

Date