


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000086566</b> 1. Entity Name CARDIAC CARE SPECIALISTS, P.A.	
--	---

Principal Place of Business 7824 LAKE UNDERHILL DRIVE ORLANDO, FL 32822	Mailing Address 7824 LAKE UNDERHILL DRIVE ORLANDO, FL 32822
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3537082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent  LEFKOWITZ, IVAN M ESQ. 430 NORTH MILLS AVENUE ORLANDO, FL 32803	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KELLY, BRIAN D D.O. 1311 MAGNOLIA BAY COURT MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HARRIS, GLENN K M.D. 672 STONEFIELD LOOP HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ALPEROVICH, ALEXANDER M.D. 780 BONITA DRIVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000270063  
03/19/05-80036-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> 	Date <u>1-10-05</u>	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		