

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90118 010 \*\*\*150.00

<b>DOCUMENT # P98000086566</b>					
<b>1. Entity Name</b> CARDIAC CARE SPECIALISTS, P.A.					
<b>Principal Place of Business</b> 7824 LAKE UNDERHILL DRIVE ORLANDO, FL 32822			<b>Mailing Address</b> 7824 LAKE UNDERHILL DRIVE ORLANDO, FL 32822		
<b>2. Principal Place of Business - No P.O. Box #</b> 7824 Lake Underhill Road		<b>3. Mailing Address</b> Same as principal Place			
Suite, Apt. #, etc. Suite E		Suite, Apt. #, etc.			
City & State Orlando, Florida		City & State			
Zip 32822	Country U.S.A.	Zip	Country	<b>4. FEI Number</b> 59-3537082	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LEFKOWITZ, IVAN M ESQ. 430 NORTH MILLS AVENUE ORLANDO, FL 32803			<b>7. Name and Address of New Registered Agent</b> Name LEFKOWITZ, IVAN M., ESQ. Street Address (P.O. Box Number is Not Acceptable) 430 North Mills Avenue Suite 4 City Orlando FL Zip Code 32803		
<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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD KELLY, BRIAN D D.O. <input type="checkbox"/> Delete 1311 MAGNOLIA BAY COURT MAITLAND, FL 32751		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Treasurer Al Kamme, Ahmad <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8719 Via Rosa Orlando, FL 32836	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VPD HARRIS, GLENN K M.D. <input type="checkbox"/> Delete 672 STONEFIELD LOOP HEATHROW, FL 32746		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Secretary Oluereke, Chika E <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5878 Cheshire Cove Terrace Orlando, FL 32829	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	STD ALPEROVICH, ALEXANDER M.D. <input checked="" type="checkbox"/> Delete 780 BONITA DRIVE WINTER PARK, FL 32789		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>					
<b>SIGNATURE:</b> _____			4/10/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		