

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90034 038 ***150.00

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1. Entity Name
CHARLOTTE HEART & VASCULAR INSTITUTE, P.A.



Principal Place of Business
3340 TAMiami TRAIL
PORT CHARLOTTE, FL 33952 US

Mailing Address
P.O. BOX 495120
PORT CHARLOTTE, FL 33949 US

54027313



03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0903800

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LOPEZ, MARIO J MD
3340 TAMiami TRAIL
PORT CHARLOTTE, FL 33952

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	MGRM
NAME	LOPEZ, MARIO J
STREET ADDRESS	263 GEORGE RD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	MGRM
NAME	COSSU, SERGIO F
STREET ADDRESS	4025 BASTIA CT
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	MGRM
NAME	CONNELLY, TERENCE P
STREET ADDRESS	1841 JAMAICA WY
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	MGRM
NAME	MARTINEZ, RICARDO R
STREET ADDRESS	323 MENDOZA STREET
CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	MGRM
NAME	VITULLO, RAYMOND N
STREET ADDRESS	366 MONACQ DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terence P. Connolly

3/04

Date

941-764-5858

Daytime Phone #