

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90019 003 ***150.00

DOCUMENT # P99000038702 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 65-0903800			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LOPEZ, MARIO J MD 3340 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	V	LOPEZ, MARIO J	263 GEORGE RD PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete	
	T	COSSU, SERGIO F	4025 BASTIA CT PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete	
	P	CONNELLY, TERENCE P	1841 JAMAICA WY PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete	
	MGRM	MARTINEZ, RICARDO R	17557 O'HARA DR. PORT CHARLOTTE, FL 33954	<input type="checkbox"/> Delete	
	MGRM	VITULLO, RAYMOND N	3605 ISLAND CLUB DR. APT #4 NORTH PORT, FL 34288	<input checked="" type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					