

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

**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



01112008 No Chg-P CR2E034 (11/05)

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	LOPEZ, MARIO J
STREET ADDRESS	263 GEORGE RD
CITY- ST- ZIP	PORT CHARLOTTE, FL 33952
TITLE	T
NAME	COSSU, SERGIO F
STREET ADDRESS	4025 BASTIA CT
CITY- ST- ZIP	PUNTA GORDA, FL 33950
TITLE	P
NAME	CONNELLY, TERENCE P
STREET ADDRESS	1841 JAMAICA WY
CITY- ST- ZIP	PUNTA GORDA, FL 33950
TITLE	MGRM
NAME	MARTINEZ, RICARDO R
STREET ADDRESS	17557 O'HARA DR.
CITY- ST- ZIP	PORT CHARLOTTE, FL 33954
TITLE	MGR
NAME	MALONE, MICHAEL A MD
STREET ADDRESS	P.O. BOX 495120
CITY- ST- ZIP	PT CHARLOTTE, FL 33949
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000891340  
04/23/08-80020-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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

2/13/08

Date

941-235-7025

Daytime Phone #