

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000038702

**FILED**  
**Jun 29, 2009**  
**Secretary of State**

**Entity Name:** CHARLOTTE HEART & VASCULAR INSTITUTE, P.A.

**Current Principal Place of Business:**

3340 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952 US

**Current Mailing Address:**

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

**New Principal Place of Business:**

3340 TAMIAMI TRAIL  
ATTN DIANE  
PORT CHARLOTTE, FL 33952 US

**New Mailing Address:**

P.O. BOX 495120  
ATTN: DIANE  
PORT CHARLOTTE, FL 33949 US

**FEI Number:** 65-0903800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOPEZ, MARIO J MD  
3340 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

LOPEZ, MARIO J MD  
3340 TAMIAMI TRAIL  
ATTN: DIANE  
PORT CHARLOTTE, FL 33952 US

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.

SIGNATURE: MARIO J LOPEZ

06/29/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: LOPEZ, MARIO J  
Address: 263 GEORGE RD  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T ( ) Delete  
Name: COSSU, SERGIO F  
Address: 4025 BASTIA CT  
City-St-Zip: PUNTA GORDA, FL 33950

Title: P ( ) Delete  
Name: CONNELLY, TERENCE P  
Address: 1841 JAMAICA WY  
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM ( ) Delete  
Name: MARTINEZ, RICARDO R  
Address: 17557 O'HARA DR.  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: MGR ( ) Delete  
Name: MALONE, MICHAEL A MD  
Address: P.O. BOX 495120  
City-St-Zip: PT CHARLOTTE, FL 33949

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO J. LOPEZ

V

06/29/2009

Electronic Signature of Signing Officer or Director

Date