

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000038702

FILED
Feb 23, 2010
Secretary of State

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

Current Principal Place of Business:

3340 TAMiami TRAIL
ATTN DIANE
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
ATTN: DIANE
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: TERENCE P. CONNELLY

PRES

02/23/2010

Electronic Signature of Signing Officer or Director

Date