


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 8:00 am
Secretary of State

02-22-2006 90002 033 ***150.00

DOCUMENT # P99000093883	
1. Entity Name JAY B. BITAR, M.D., P.A.	

Principal Place of Business 515 WEST STATE RD 434 SUITE 301 LONGWOOD FL 32750	Mailing Address 515 WEST STATE RD 434 SUITE 301 LONGWOOD FL 32750
---	---

2. Principal Place of Business Suite, Cardiology Care Center 1355 South International Pkwy City & State Suite 1481 Lake Mary, FL 32746 Zip Country	3. Mailing Address Suite, Apt. #, etc. Cardiology Care Center 1355 South International Pkwy Suite 1481 Lake Mary, FL 32746 Zip Country
--	--

66005782


1st MOORE CR2E034 (10/05)

4. FEI Number 59-3605078	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 BITAR, J B MD 515 WEST STATE ROAD 434 SUITE 301 LONGWOOD FL 32750	7. Name and Address of New Registered Agent Name <u>J. B. Bitar</u> Street Address (P.O. Box Number is Not Acceptable) <u>Cardiology Care Center</u> 1355 South International Pkwy Suite 1481 City <u>Lake Mary, FL 32746</u> <u>FL</u> 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 J. B. Bitar DATE 2-8-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BITAR, J B 515 WEST STATE ROAD 434 STE 301 LONGWOOD FL 32750 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BITAR, J B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cardiology Care Center 1355 South International Pkwy Suite 1481 Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jay B. Bitar, MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cardiology Care Center 1355 South International Pkwy Suite 1481 Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jacob K. Agamian, MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cardiology Care Center 1355 South International Pkwy Suite 1481 Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Section 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: J. B. Bitar DATE 2-8-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ATTACHMENT

66005782

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2006

JAY B. BITAR, M.D., P.A.
C/O CARDIOLOGY CARE CENTER
1355 S INTERNATIONAL PKWY
LAKE MARY, FL 32746

Subject: JAY B. BITAR, M.D., P.A.

Reference Number: P99000093883

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment:

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION