

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000093883

FILED  
Feb 20, 2010  
Secretary of State

**Entity Name:** CARDIOLOGY CARE CENTER, P.A.

**Current Principal Place of Business:**

CARDIOLOGY CARE CENTER  
1355 S. INTERNATIONAL PKWY., SUITE 1481  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

CARDIOLOGY CARE CENTER  
1355 S. INTERNATIONAL PARKWAY # 1481  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** 59-3605078

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BITAR, J AY B MD  
CARDIOLOGY CARE CENTER  
1355 S. INTERNATIONAL PKWY., SUITE 1481  
LAKE MARY, FL 32746 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: DP  
Name: BITAR, J AY B  
Address: 1355 S. INTERNATIONAL PKWY., SUITE 1481  
City-St-Zip: LAKE MARY, FL 32746

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:** J B BITAR

DR

02/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date