

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 a
Secretary of State

03-06-2006 90011 027 ***150.00

DOCUMENT # S39547

1. Entity Name
DIAGNOSTIC AND CONSULTATIVE CARDIOLOGY, P.A.



Principal Place of Business

500 VONDERBURG DR
SUITE 311W
BRANDON, FL 33511

Mailing Address

500 VONDERBURG DR
SUITE 311W
BRANDON, FL 33511

40021



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

412 FOREST BRIDGE CIRCLE

Suite, Apt. #, etc.

3412 FOREST BRIDGE CIR.

03022006

Chg-P

CR2E034 (11/05)

City & State

BRANDON, FLORIDA

City & State

BRANDON, FL

4. FEI Number

65-0245183

Applied For

Not Applicable

Zip

33511

Country

USA

Zip

33511

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, CRAIG R MD

3412 FOREST BRIDGE CIRCLE
BRANDON, FL 33511

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

CRAIG R. MARTIN, MD

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

(NOTE: Registered Agent signature required when re-registering)

DATE

3-2-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete
NAME MARTIN, CRAIG R MD
STREET ADDRESS 500 VONDERBURG DR #311W
CITY-ST-ZIP BRANDON, FL 33511

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SEC ☐ Delete
NAME MARTIN, RAQUEL C MD
STREET ADDRESS 500 VONDERBURG DR.
CITY-ST-ZIP BRANDON, FL 33511

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

CRAIG R. MARTIN MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-2-06

Daytime Phone #

813-654-4828