




FILED
Jun 13, 2008 8:00 am
Secretary of State

06-13-2008 90002 003 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V37292		
1. Entity Name SPACE COAST CARDIOLOGY CONSULTANTS, P.A.		
Principal Place of Business 7139 N. US HWY 1 PORT ST. JOHN, FL 32927 US		Mailing Address 7139 N. US HWY 1 PORT ST JOHN, FL 32780 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PALANIYANDI, RAVINDRAN B. 7139 N. US HWY 1 PORT ST. JOHN, FL 32927		40108371  04212008 No Chg-P CR2E034 (11/05) 4. FEI Number 59-3144937 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
B. 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.		DO NOT WRITE IN THIS SPACE
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	PD	
NAME	PALANIYANDI, RAVINDRAN B	
STREET ADDRESS	7139 N US HIGHWAY 1	
CITY-STATE-ZIP	PORT ST JOHN, FL 329275097	
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4-28-08</u> Daytime Phone # _____