

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 523564

**FILED**  
**Feb 20, 2015**  
**Secretary of State**  
**CC2991902178**

**Entity Name:** CLEARWATER CARDIOVASCULAR AND INTERVENTIONAL CONSULTANTS, M.D., P.A.

**Current Principal Place of Business:**

455 PINELLAS STREET  
STE 400  
CLEARWATER, FL 33756

**Current Mailing Address:**

455 PINELLAS STREET  
STE 400  
CLEARWATER, FL 33756 US

**FEI Number: 59-1707138**

**Certificate of Status Desired: No**

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

PHILLIPS, PAUL L. MD  
34 N PINE CIRCLE  
BELLEAIR, FL 33756 US

*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

**Officer/Director Detail :**

Title AVP  
Name SOLA, RICHARD MD  
Address 4896 SILVERTHORNE CT  
City-State-Zip: OLDSMAR FL 34677

Title VP  
Name NAVAS, JORGE P. MD  
Address 204 OSCEOLA ROAD  
City-State-Zip: CLEARWATER FL 33756

Title P  
Name PHILLIPS, PAUL L. MD  
Address 34 NORTH PINE CIRCLE  
City-State-Zip: CLEARWATER FL 33756

Title AVP  
Name GALLASTEGUI, JOSE L. MD  
Address 2233 DONATO DR  
City-State-Zip: BELLEAIR BCH FL 33785

Title S  
Name SPRIGGS, DOUGLAS J MD  
Address 3771 MULLEN HURST DR  
City-State-Zip: PALM HARBOR FL 34685

Title T  
Name STEIN, BERNARDO MD  
Address 7893 BAYOU CLUB BLVD  
City-State-Zip: SEMINOLE FL 33777

*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: PHILLIPS , PAUL L. MD**

**PRESIDENT**

**02/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date