

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

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FILED
Oct 15, 2015
Secretary of State
CC6816463563

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 AVP
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

Title CEO
Name SIMMONS, JR, FREDERIC R
Address 5025 W. SAN MIGUEL
City-State-Zip: TAMPA FL 33629

Title AVP
Name LUCARELLA, MD, VANESSA J
Address 811 BAYVIEW DRIVE
City-State-Zip: CLEARWATER FL 33756

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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

10/15/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title AVP
Name FERNANDEZ, MD, ALAND R
Address 1310 PRESERVATION WAY
City-State-Zip: OLDSMAR FL 34677

Title AVP
Name DIETERICH, DO, DAVID D
Address 10063 OAKS LANE
City-State-Zip: SEMINOLE FL 33772

Title SECRETARY
Name AMIN, MD, JAY K
Address 312 PONCE DE LEON BLVD
City-State-Zip: CLEARWATER FL 33756

Title AVP
Name HEPP, MD, MARK J
Address 3073 WOODSONG LANE
City-State-Zip: CLEARWATER FL 33761

Title AVP
Name KING, MD, MARILYN Y
Address 100 OSCEOLA ROAD
City-State-Zip: CLEARWATER FL 33756

Title AVP
Name SADANANDAN, MD, SAIHARI
Address 9455 SILVERTHORN ROAD
City-State-Zip: SEMINOLE FL 33777

Title AVP
Name GILANI, MD, SYED MASOOD
Address 8893 SILVERTHORN ROAD
City-State-Zip: SEMINOLE FL 33777

Title CIO
Name KLEBER, CONNIE
Address 3941 VENETIAN WAY
City-State-Zip: TAMPA FL 33634

Title AVP
Name HAZLITT, MD, H. ANDREW
Address 2818 CHANCERY LANE
City-State-Zip: CLEARWATER FL 33759

Title AVP
Name SABATINO, MD, KENNETH C
Address 115 SHORE DRIVE
City-State-Zip: DUNEDIN FL 34698

Title AVP
Name ZELENKA, MD, JASON T
Address 14609 GALT LAKE DRIVE
City-State-Zip: TAMPA FL 33626

Title AVP
Name LENZ, MD, FEDERICO E
Address 901 INDIAN ROCKS ROAD
City-State-Zip: CLEARWATER FL 33756

Title AVP
Name BARRY, MD, MICHAEL O
Address 7896 LANTANA CREEK ROAD
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Title AVP
Name GARNER, MD, JOHN G
Address 123 CRESTWOOD LANE
City-State-Zip: LARGO FL 33770

Title COO
Name RETCHLESS, KAREN
Address 4212 PRESERVE PLACE
City-State-Zip: PALM HARBOR FL 34685

Title AVP
Name DEWOLFE, ANDREW P
Address 11030 LONG BOAT KEY
APT 108
City-State-Zip: TAMPA FL 33626