

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 10, 2014
Secretary of State
CC9971313975

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

P

04/10/2014

Electronic Signature of Signing Officer/Director Detail

Date