

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600329

Entity Name: THE CARDIOVASCULAR CENTER, P.A.

Current Principal Place of Business:

910 WILLISTON PARK PT
SUITE #1000
LAKE MARY, FL 32746-2122

Current Mailing Address:

910 WILLISTON PARK PT
SUITE #1000
LAKE MARY, FL 32746-2122

FEI Number: 59-1197654

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VALLARIO, LAWRENCE E.
910 WILLISTON PARK PT
STE 1000
LAKE MARY, FL 32746-2122 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 PD
Name VALLARIO, LAWRENCE
Address 350 EAGLE CREEK CIR
City-State-Zip: LAKE MARY FL 32746

Title SD
Name GRULLON, CARLOS P
Address 789 HEATHER GLEN CIRLCE
City-State-Zip: LAKE MARY FL

Title VD
Name DAVID, WILLIAM J
Address 303 S. DOVER CT.
City-State-Zip: HEATHROW FL

Title TD
Name LOPEZ, WILBERTO
Address 1656 CHERRY RIDGE DR
City-State-Zip: HEATHROW FL 32746

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: LAWRENCE VALLARIO

PRES

01/16/2014

Electronic Signature of Signing Officer/Director Detail

Date