

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F68420

Entity Name: CARDIOLOGY ASSOCIATES OF CHARLOTTE COUNTY, P.A.

Current Principal Place of Business:

2300 LOVELAND BLVD
PUNTA GORDA, FL 33980

Current Mailing Address:

P.O. BOX 495156
ATTN: VICTORIA LUNSFORD
PT. CHARLOTTE, FL 33949-5156 US

FEI Number: 59-2171328

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARRETT, ROBERT B
2300 LOVELAND BLVD
PUNTA GORDA, FL 33952 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 VP
Name GARRETT, ROBERT B
Address 1129 CONOVER ST
City-State-Zip: PORT CHARLOTTE FL 33952

Title TREASURER
Name ROSENFELD, LOUIS D
Address 4130 TAMIAMI TRAIL
City-State-Zip: PORT CHARLOTTE FL 33952

Title PRESIDENT
Name HEARN, JAMES A
Address 16000 RIDGEWOOD CT
City-State-Zip: PUNTA GORDA FL 33982

Title SECRETARY
Name TRIOLA, BRIAN R
Address 4130 TAMIAMI TRAIL
City-State-Zip: PORT CHARLOTTE FL 33952

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: ROBERT B GARRETT

VP

02/14/2019

Electronic Signature of Signing Officer/Director Detail

Date