

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F68420

**FILED**  
**Jan 31, 2022**  
**Secretary of State**  
**1863614421CC**

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

Title TREASURER  
Name ROSENFELD, LOUIS D  
Address 2300 LOVELAND BLVD  
City-State-Zip: PUNTA GORDA FL 33980

Title SECRETARY  
Name TRIOLA, BRIAN R  
Address 2300 LOVELAND BLVD  
City-State-Zip: PUNTA GORDA FL 33980

*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:** LOUIS ROSENFELD

**TREASURER**

**01/31/2022**

Electronic Signature of Signing Officer/Director Detail

Date