

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F68420

**FILED  
Apr 21, 2015  
Secretary of State  
CC1147871787**

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

**Current Principal Place of Business:**

4130 TAMIAMI TRAIL, SUITE 100  
PT. CHARLOTTE, FL 33952

**Current Mailing Address:**

4130 TAMIAMI TRAIL, SUITE 100  
ATTN: KATHY ROGERS  
PT. CHARLOTTE, FL 33952

**FEI Number:** 59-2171328

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GARRETT, ROBERT B  
4130 TAMIAMI TRAIL, SUITE 100  
PORT CHARLOTTE, 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 ROSENFIELD, LOUIS D  
Address 4130 TAMIAMI TRAIL  
City-State-Zip: PORT CHARLOTTE FL 33952

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:** LOUIS D ROSENFIELD

**TREASURER**

**04/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date