3340 TAMIAMI	TRAIL TTRAIL DTTE, FL 33952			
Current Ma	iling Address:			
3340 TAMIA PORT CHAI	MI TRAIL RLOTTE, FL 33952 US			
FEI Number: 65-0802826			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
HOLMES, DAV				
99 NESBIT ST. PUNTA GORD	A, FL 33950 US			
The choice name	d antice automits this address of for the number of changing its regard	istand office or regio	tared erect or both in the State of Flo	rido
	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Flo	
	E: DAVID A. HOLMES	istered office or regis	tered agent, or both, in the State of Flo	02/26/2019
		istered office or regis	tered agent, or both, in the State of Flo	
SIGNATURI	E: DAVID A. HOLMES	istered office or regis	tered agent, or both, in the State of Flo	02/26/2019
SIGNATURI	E: DAVID A. HOLMES Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the State of Flo	02/26/2019
SIGNATURI Officer/Dire	E: DAVID A. HOLMES Electronic Signature of Registered Agent			02/26/2019
SIGNATURI Officer/Dire	E: DAVID A. HOLMES Electronic Signature of Registered Agent	Title	VP, DIRECTOR	02/26/2019
SIGNATURI Officer/Dire Title Name Address	E: DAVID A. HOLMES Electronic Signature of Registered Agent Cord Detail : PD LOPEZ, MARIO	Title Name	VP, DIRECTOR CONNELLY, TERENCE P DR. 3340 TAMIAMI TRAIL	02/26/2019
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	E: DAVID A. HOLMES Electronic Signature of Registered Agent Ctor Detail : PD LOPEZ, MARIO 3340 TAMIAMI TRAIL PORT CHARLOTTE FL 33952	Title Name Address City-State-Zip:	VP, DIRECTOR CONNELLY, TERENCE P DR. 3340 TAMIAMI TRAIL PORT CHARLOTTE FL 33952	02/26/2019
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title	E: DAVID A. HOLMES Electronic Signature of Registered Agent Ctor Detail : PD LOPEZ, MARIO 3340 TAMIAMI TRAIL PORT CHARLOTTE FL 33952 DIRECTOR	Title Name Address	VP, DIRECTOR CONNELLY, TERENCE P DR. 3340 TAMIAMI TRAIL PORT CHARLOTTE FL 33952 DIRECTOR	02/26/2019
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title Name	E: DAVID A. HOLMES Electronic Signature of Registered Agent Ctor Detail : PD LOPEZ, MARIO 3340 TAMIAMI TRAIL PORT CHARLOTTE FL 33952 DIRECTOR COSSU, SERGO F DR.	Title Name Address City-State-Zip: Title Name	VP, DIRECTOR CONNELLY, TERENCE P DR. 3340 TAMIAMI TRAIL PORT CHARLOTTE FL 33952 DIRECTOR MARTINEZ, RICARDO R DR.	02/26/2019
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title Name Address	E: DAVID A. HOLMES Electronic Signature of Registered Agent Ctor Detail : PD LOPEZ, MARIO 3340 TAMIAMI TRAIL PORT CHARLOTTE FL 33952 DIRECTOR	Title Name Address City-State-Zip: Title	VP, DIRECTOR CONNELLY, TERENCE P DR. 3340 TAMIAMI TRAIL PORT CHARLOTTE FL 33952 DIRECTOR MARTINEZ, RICARDO R DR. 3340 TAMIAMI TRAIL	02/26/2019

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.

Title

Name

Address

City-State-Zip:

SIGNATURE: TERENCE CONNELLY

DIRECTOR

City-State-Zip: PORT CHARLOTTE FL 33952

MALONE, MICHAEL A DR.

3340 TAMIAMI TRAIL

Title

Name

Address

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

MEJEVOI, NICOLAI DR.

PORT CHARLOTTE FL 33952

3340 TAMIAMI TRAIL

02/26/2019 Date

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000108755

Entity Name: CHARLOTTE CARDIAC RESEARCH CENTER, INC.

Current Principal Place of Business:

FILED Feb 26, 2019 Secretary of State 2838693411CC

02/26