

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000108755

Entity Name: CHARLOTTE CARDIAC RESEARCH CENTER, INC.**Current Principal Place of Business:**3340 TAMiami TRAIL
ATTN: DIANE
PORT CHARLOTTE, FL 33952**Current Mailing Address:**P.O. BOX 495120
ATTN: DIANE
PORT CHARLOTTE, FL 33949**FEI Number:** 65-0802826**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOPEZ, MARIO J
3340 TAMiami TRAIL
ATTN: DIANE
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	PD
Name	LOPEZ, MARIO
Address	3340 TAMiami TRAIL
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	DIRECTOR
Name	COSSU, SERGO F DR.
Address	3340 TAMiami TRAIL ATTN: DIANE
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	DIRECTOR
Name	MALONE, MICHAEL A DR.
Address	3340 TAMiami TRAIL ATTN: DIANE
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	VP
Name	CONNELLY, TERENCE P DR.
Address	3340 TAMiami TRAIL ATTN: DIANE
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	DIRECTOR
Name	MARTINEZ, RICARDO R DR.
Address	3340 TAMiami TRAIL ATTN: DIANE
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	DIRECTOR
Name	HOTCHKISS, DAVID A DR.
Address	3340 TAMiami TRAIL ATTN: DIANE
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: MARIO J. LOPEZ, MD

PRES.

04/19/2013

Electronic Signature of Signing Officer/Director Detail_____
Date