

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F45747

1. Entity Name
CITRUS CARDIOLOGY CONSULTANTS, P.A.



Principal Place of Business

308 W. HIGHLAND BLVD
INVERNESS, FL 34452 US

Mailing Address

308 W HIGHLAND BLVD
INVERNESS, FL 34452 US



03122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2123944

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAVAGE, KENNETH L., M.D.
308 W. HIGHLAND BLVD
INVERNESS, FL 34452

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SAVAGE, KENNETH L.M.D.
STREET ADDRESS 308 W. HIGHLAND BLVD.
CITY-ST-ZIP INVERNESS, FL 34452

TITLE V
NAME MARTIN, SHARON D. M.D.
STREET ADDRESS 308 W. HIGHLAND BLVD
CITY-ST-ZIP INVERNESS, FL 34452

TITLE ST
NAME WALKER, DENNIS J MD
STREET ADDRESS 308 W. HIGHLAND BLVD
CITY-ST-ZIP INVERNESS, FL 34452

TITLE V
NAME ABADIER, RAFIK MD
STREET ADDRESS 308 W HIGHLAND BLVD
CITY-ST-ZIP INVERNESS, FL 34452

TITLE V
NAME TRIGO, GISELA MD
STREET ADDRESS 308 W HIGHLAND BLVD
CITY-ST-ZIP INVERNESS, FL 34452

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000038994
03/29/04-80065-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #