## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F45747

FILED Feb 17, 2011 Secretary of State

Entity Name: CITRUS CARDIOLOGY CONSULTANTS, P.A.

Current Principal Place of Business: New Principal Place of Business:

308 W. HIGHLAND BLVD INVERNESS, FL 34452 US

Current Mailing Address: New Mailing Address:

308 W. HIGHLAND BLVD INVERNESS, FL 34452 US

FEI Number: 59-2123944 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

STARK, STEPHEN H MD 308 W. HIGHLAND BLVD INVERNESS, FL 34452 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

## **OFFICERS AND DIRECTORS:**

Title: VF

 Name:
 WALKER, DENNIS J MD

 Address:
 308 W. HIGHLAND BLVD

 City-St-Zip:
 INVERNESS, FL 34452

Title: VP

Name: TRIGO, GISELA MD
Address: 308 W HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

Title: VP

Name: DELFIN, LUIS MD
Address: 308 W HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

Title: VP

Name: GONZALEZ, JAVIER M MD Address: 308 W. HIGHLAND BLVD. City-St-Zip: INVERNESS, FL 34452

Title: VF

Name: ATTANTI, SRINIVAS MD Address: 308 W. HIGHLAND BLVD. City-St-Zip: INVERNESS, FL 34452

Title: ST

 Name:
 YELAMANCHI, VISHNU P MD

 Address:
 910 OLD CAMP ROAD, BLDG 210

 City-St-Zip:
 THE VILLAGES, FL 32162

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: STEPHEN H. STARK PRES 02/17/2011