2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2012
Secretary of State

DOCUMENT# F45747

Entity Name: CITRUS CARDIOLOGY CONSULTANTS, P.A.

Current Principal Place of Business:

308 W. HIGHLAND BLVD
INVERNESS, FL 34452 US

New Principal Place of Business:

Current Mailing Address:

308 W. HIGHLAND BLVD
INVERNESS, FL 34452 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Title: ST
Name: MIRYALA, VINOD 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 02/09/2012

Electronic Signature of Signing Officer or Director Date