FILED
Apr 13, 2004 8:00 am
Secretary of State
04-13-2004 90041 029 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 660212

1. Entity Name
PALM BEACH HEART ASSOCIATES, P.A.

24040872

Principal Place of Business	Mailing Address
5511 SOUTH CONGRESS AVE STE 125 ATLANTIS, FL 33462 US	5511 SOUTH CONGRESS AVE STE 125 ATLANTIS, FL 33462 US

02232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5503 South Congress Ave	5503 SOUTH CONGRESS AVE
Suite, Apt. #, etc.: 206	Suite, Apt. #, etc.: STE 206
City & State: Atlantis, FL ~~33462~~	City & State: ATLANTIS, FL
Zip: 33462 / Country: US	Zip: 33462 / Country: U.S.

4. FEI Number: 59-1975559 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MIDWALL, JAY 5511 S CONGRESS AVE STE 125 ATLANTIS, FL 33462	Name Street Address (P.O. Box Number is Not Acceptable) City: FL — Zip Code

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PST NAME: MIDWALL, JAY STREET ADDRESS: 5511 S CONGRESS AVE CITY-ST-ZIP: ATLANTIS, FL 33462	☐ Delete	TITLE: P NAME: MIDWALL, JAY M.D. STREET ADDRESS: 5503 S. CONGRESS AVE #206 CITY-ST-ZIP: ATLANTIS, FL 33462	☒ Change ☐ Addition
TITLE: D NAME: MIDWALL, JAY STREET ADDRESS: 5511 S CONGRESS AVE CITY-ST-ZIP: ATLANTIS, FL 33462	☐ Delete	TITLE: D NAME: MIDWALL, JAY M.D. STREET ADDRESS: 5503 S. CONGRESS AVE #206 CITY-ST-ZIP: ATLANTIS, FL 33462	☒ Change ☐ Addition
TITLE: V NAME: KIEVAL, JOSHUA MD STREET ADDRESS: 5511 SOUTH CONGRESS AVE 125 CITY-ST-ZIP: LAKE WORTH, FL 33462	☐ Delete	TITLE: VP, S NAME: KIEVAL, JOSHUA M.D. STREET ADDRESS: 5503 S. CONGRESS AVE #206 CITY-ST-ZIP: ATLANTIS, FL 33462	☒ Change ☐ Addition
TITLE: T NAME: KRIEGER, RICHARD MD STREET ADDRESS: 5511 SOUTH CONGRESS AVE 125 CITY-ST-ZIP: LAKE WORTH, FL 33462	☐ Delete	TITLE: T NAME: KRIEGER, RICHARD M.D. STREET ADDRESS: 5503 S. CONGRESS AVE #206 CITY-ST-ZIP: ATLANTIS, FL 33462	☒ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: VP NAME: LOVITZ, LAWRENCE S. M.D. STREET ADDRESS: 5503 S. CONGRESS AVE #206 CITY-ST-ZIP: ATLANTIS, FL 33462	☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: X Continued next Page STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

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: X [signature] 3/17/04 561-434-0353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 660212

1. Entity Name

PALM BEACH HEART ASSOCIATES, P.A.

Attachment 24040872

[redacted]

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
5511 SOUTH CONGRESS AVE STE 125 ATLANTIS FL 33462 US	5511 SOUTH CONGRESS AVE STE 125 ATLANTIS FL 33462 US

2. Principal Place of Business	3. Mailing Address
5503 South Congress Ave	5503 South Congress Ave
Suite, Apt. #, etc.: 206	Suite, Apt. #, etc.: 206
City & State: Atlantis, FL	City & State: Atlantis, FL
Zip: 33462 Country: US	Zip: 33462 Country: US.

4. FEI Number: 59-1975559 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MIDWALL, JAY 5511 S CONGRESS AVE STE 125 ATLANTIS FL 33462	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

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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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PST NAME: MIDWALL, JAY STREET ADDRESS: 5511 S CONGRESS AVE CITY-ST-ZIP: ATLANTIS FL 33462	☐ Delete	TITLE: Assistant VP NAME: Robert Fishel, MD STREET ADDRESS: 5503 So. Congress Ave, #206 CITY-ST-ZIP: Atlantis, FL 33462	☐ Change ☑ Addition
TITLE: D NAME: MIDWALL, JAY STREET ADDRESS: 5511 S CONGRESS AVE CITY-ST-ZIP: ATLANTIS FL 33462	☐ Delete	TITLE: Assistant VP NAME: Farahnaz Angella, MD STREET ADDRESS: 5503 So. Congress Ave, #206 CITY-ST-ZIP: Atlantis, FL 33462	☐ Change ☑ Addition
TITLE: V NAME: KIEUAL, JOSHUA MD STREET ADDRESS: 5511 SOUTH CONGRESS AVE 125 CITY-ST-ZIP: LAKE WORTH FL 33462	☑ Delete	TITLE: Assistant VP NAME: Mark Rothenberg, MD STREET ADDRESS: 5503 So. Congress Ave, #206 CITY-ST-ZIP: Atlantis, FL 33462	☐ Change ☑ Addition
TITLE: T NAME: KRIEGER, RICHARD MD STREET ADDRESS: 5511 SOUTH CONGRESS AVE 125 CITY-ST-ZIP: LAKE WORTH FL 33462	☐ Delete	TITLE: Assistant Secretary NAME: Vladimir Rankovic, MD STREET ADDRESS: 5503 So. Congress Ave, #206 CITY-ST-ZIP: Atlantis, FL 33462	☐ Change ☑ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: VP of New Technology NAME: Mark Freher, MD STREET ADDRESS: 5503 So. Congress Ave, #206 CITY-ST-ZIP: Atlantis, FL 33462	☐ Change ☑ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

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: Jay Midwall 3/17/04 561-434-0353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #