

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 660212

FILED
Mar 24, 2009
Secretary of State

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

Current Principal Place of Business:

5503 SOUTH CONGRESS AVE #206
ATLANTIS, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

5503 SOUTH CONGRESS AVE #206
ATLANTIS, FL 33462 US

New Mailing Address:

FEI Number: 59-1975559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIDWALL, JAY
5503 S CONGRESS AVE #206
STE 125
ATLANTIS, FL 33462 US

Name and Address of New Registered Agent:

MIDWALL, JAY
5503 S CONGRESS AVE #206
ATLANTIS, FL 33462 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:

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ROTHENBERG, MARK MD
Address: 5503 S CONGRESS AVE, # 206
City-St-Zip: ATLANTIS, FL 33462

Title: VP () Delete
Name: ANGELLA, FAREN MD
Address: 5503 S CONGRESS AVE
City-St-Zip: ATLANTIS, FL 33462

Title: VP () Delete
Name: RANKOVICH, VLADIMIR
Address: 5503 S CONGRESS AVE, # 206
City-St-Zip: LAKE WORTH, FL 33462

Title: VP () Delete
Name: FREHER, MARK S MD
Address: 5503 S CONGRESS AVE, # 206
City-St-Zip: ATLANTIS, FL 33462

Title: VP () Delete
Name: LOVITZ, LAWRENCE S MD
Address: 5503 SOUTH CONGRESS AVE #206
City-St-Zip: LAKE WORTH, FL 33462

Title: V () Delete
Name: FISHEL, ROBERT MD
Address: 5502 S CONGRESS AVE #206
City-St-Zip: ATLANTIS, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ANGELLA, FAREN MD
Address: 5503 S CONGRESS AVE #206
City-St-Zip: ATLANTIS, FL 33462

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK ROTHENBERG

VP

03/24/2009

Electronic Signature of Signing Officer or Director

Date