

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 01, 2007
Secretary of State**

DOCUMENT# G92578

Entity Name: CARDIOLOGY ASSOCIATES, INC., DRS. POLLAK & DONSHIK

Current Principal Place of Business:

2925 AVENTURA BLVD.,
SUITE 300
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

2925 AVENTURA BLVD.,
SUITE 300
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 59-2143684 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLAK, RICHARD MD
2925 AVENTURA BLVD.,
SUITE 300
AVENTURA, FL 33180 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: PD () Delete
Name: POLLAK, RICHARD H MD
Address: 2925 AVENTURA BLVD, SUITE 300
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: DONSHIK, GARY R MD
Address: 2925 AVENUTURA BLVD, SUITE 300
City-St-Zip: AVENTURA, FL 33180

Title: T (X) Delete
Name: LEVINE, JAY A MD
Address: 2925 AVENTURA BLVD SUITE 300
City-St-Zip: AVENTURA, FL 33180

Title: D (X) Delete
Name: DESIR, RANLEY M MD
Address: 2925 AVENTURA BLVD STE 300
City-St-Zip: AVENTURA, FL 33180

Title: D (X) Delete
Name: NADER, RALPH G MD
Address: 2925 AVENTURA BLVD STE 300
City-St-Zip: AVENTURA, FL 33180

Title: PTNR (X) Delete
Name: JONES, ANITA MD
Address: 2925 AVENTURA BLVD SUITE 300
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVST (X) Change () Addition
Name: DONSHIK, GARY R MD
Address: 2925 AVENUTURA BLVD, SUITE 300
City-St-Zip: AVENTURA, FL 33180

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: RICHARD H. POLLAK, M.D.

P

06/01/2007

Electronic Signature of Signing Officer or Director

Date