

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **H37443** (9)

95 MAR -9 AM 8:34

1. Corporation Name  
**KENDALL HEART CENTER, INC.**

Principal Place of Business	Mailing Address
7001 SW 97 AVE STE 203 MIAMI FL 33173 US	7001 SW 97 AVE 203 MIAMI FL 33173 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 8955 S.W. 87COURT	26 8955 S.W. 87 COURT
22 STE 115	27 STE 115
23 MIAMI FLORIDA	28 MIAMI FLORIDA
24 33176	29 33176
25 DADE	30 DADE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/10/1985	01/28/1994
4. FEI Number	Applied For
59-1552178	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**LLOBET, JAIME M**  
7001 SW 97 AVE  
SUITE 203  
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name	<b>LLOBET, JAIME, M.D.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>8955 S.W. 87 COURT, STE 115</b>
83 City	<b>MIAMI FLORIDA 33176</b>
84 City	<b>MIAMI FL</b>
85 Zip Code	<b>33176</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1128, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3-3-95**

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>LLOBET, JAIME</b>
STREET ADDRESS	<b>7001 SW 97 AVE, STE 203</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *[Signature]* DATE: **3-3-95** DAYTIME PHONE # **305 2714455**