

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 25 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K22986 (9)**

1. Corporation Name  
**SOUTH FLORIDA HEART GROUP, P.A.**



Principal Place of Business <b>2845 AVENTURA BLVD</b> <b>SUITE 250</b> <b>N MIAMI BCH FL 33180</b> <b>US</b>	Mailing Address <b>2845 AVENTURA BLVD</b> <b>SUITE 250</b> <b>N MIAMI BCH FL 33180-3111</b> <b>US</b>
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3. Date Incorporated or Qualified <b>05/05/1988</b>	3a. Date of Last Report <b>01/24/1996</b>
4. FEI Number <b>65-0052517</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State <b>Aventura, FL</b>	27. City & State <b>Aventura, FL</b>
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**KESSELMAN, MARC M.**  
**2845 AVENTURA BLVD.**  
**N MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>KESSELMAN, MARC M.</b>	
STREET ADDRESS	<b>2845 AVENTURA BLVD.</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>KESSELMAN, ROBIN</b>	
STREET ADDRESS	<b>2845 AVENTURA BLVD.</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	

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	<b>Aventura</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>Aventura</b>

14. I do 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 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 the 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 in an attachment with an address.

SIGNATURE:  **Marc M. Kesselman, D.O.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Robin Kesselman, D.O.** Date **305 932-8441** Daytime Phone #

CR2E034 (9/96)