2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N04000001611

Entity Name: ANGEL'S PEDIATRIC CARDIOLOGY, INC.

Current Principal Place of Business:

10062 GRIFFIN ROAD
COOPER CITY, FL 33328

New Principal Place of Business:

11381 SW 1ST ST.
PLANTATION, FL 33325

Current Mailing Address:

151 N. NOB HILL ROAD
SUITE 139
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 68-0579881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, SONIA
2257 LYNX AVE
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

PEREZ, SONIA
11381 SW 1ST ST.
PLANTATION, FL 33325 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: _____ 01/20/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PEREZ, SONIA I
Address: 2257 LYNX AVE
City-St-Zip: DAVIE, FL 33324

Title: D ( ) Delete
Name: ABRAMSON, SYLVIE
Address: 716 NW 100 TERR
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete
Name: MELAMED, ELLIOT
Address: 12460 WEST ATLANTIC BLVD
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PEREZ, SONIA I
Address: 11381 SW 1ST ST.
City-St-Zip: PLANTATION, FL 33325

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

Title: D (X) Change ( ) Addition
Name: MCNEILLEY, ROBERT
Address: 1380 SW 82ND TERR., #713
City-St-Zip: PLANTATION, FL 33324

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONIA PEREZ D 01/20/2009
Electronic Signature of Signing Officer or Director — Date