2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2005 8:00 am Secretary of State 04-11-2005 90140 040 ***150.00

PINCEPT PROCESS 2011 N.W. 70TH AVENUE SUITE AD PLANTATION, FL 33317 2. Principal Place of Business Suite, Apil, F. etc. City & State City	DOCUMENT # P00000086145 1. Entity Name BROWARD INSTITUTE OF CARDIOLOGY, INC.						04-11-2005 9	90140 040	***150	0.00	
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City A State A FEI Number 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name and Address of	2. Principal P	Place of Business	3. Mailing Address								
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BASTO, ESPERANZA 201 NW 70 AVE ### GOLD BDC SET TO SITUATION, FL 33317 Situation of Programment for the purpose of changing first registered agent, or both, in the State of Procide. I am familiar with, and accept Affective Programment for the purpose of changing first registered office or registered agent, or both, in the State of Procide. I am familiar with, and accept Affective Programment for the purpose of changing first registered office or registered agent, or both, in the State of Procide. I am familiar with, and accept Affective Programment for the purpose of changing first registered office or registered agent, or both, in the State of Procide. I am familiar with, and accept Affective Process and Programment agent required agent accept and accept Affective Process and Programment agent required agent accept and accept affect agent agent accept and accept affect agent accept and accept and accept and accept affect accept and accept and accept affect accept and accept and accept and accept accept and accept and accept and accept and accept accept and accept accept and accept and accept accept accept and accept accept accept and accept ac	City & State		City & State			i i				 -	
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CITY-ST-ZIP CITY-ST-ZIP 12. I 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	The second secon							L further cortifi	v that the i-	oformation.	

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TO THE OR PRINTED MANE OF SIGNING ONLIGER OR DIRECTO

Date Daytime Phone