2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004
Secretary of State

DOCUMENT# P01000039839

Entity Name: LONGWOOD CARDIOLOGY, P.A.

Current Principal Place of Business:

DOCTORS MEDICAL BUILDING
515 W ST RD 434 STE 207
LONGWOOD, FL 32750

New Principal Place of Business:

DOCTORS MEDICAL BUILDING
515 W ST RD 434 STE 307
LONGWOOD, FL 32750

Current Mailing Address:

DOCTORS MEDICAL BUILDING
515 W ST RD 434 STE 207
LONGWOOD, FL 32750

New Mailing Address:

DOCTORS MEDICAL BUILDING
515 W ST RD 434 STE 307
LONGWOOD, FL 32750

FEI Number: 59-3710414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AHMAR, WASIM
55 POINTE HASSI POINT
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

AHMAR, WASIM
3155 POINTE HASSI POINT
LONGWOOD, FL 32779 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: 07/02/2004
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: AHMAR, WASIM MD
Address: 55 HASSI POINT
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: AHMAR, WASIM MD
Address: 3155 HASSI POINT
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WASIM AHMAR MD D 07/02/2004
Electronic Signature of Signing Officer or Director — Date