2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: CARDIOLOGY CONSULTANTS OF WEST BROWARD, P.A.

Current Principal Place of Business:

7050 NW 4TH ST. STE 101
SUITE 101
PLANTATION, FL 33317

Current Mailing Address:

7050 NW 4TH ST. STE 101
SUITE 101
PLANTATION, FL 33317

FEI Number: 59-1936615

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDES, HILAIRE L.
7050 NW 4 ST. SUITE 101
PLANTATION, FL 33317 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VT	Title	DP
Name	JANCKO, JOEL M MD	Name	FERNANDES, HILAIRE L,MD
Address	7050 N.W. 4TH ST. #101	Address	7050 N.W. 4TH ST. #101
City-State-Zip:	PLANTATION FL	City-State-Zip:	PLANTATION FL
Title	VS	Title	V
Name	SETH, RAGHAV L.	Name	FREDRICK, CHALEFF
Address	7050 N.W. 4TH ST., #101	Address	7050 NW 4TH ST, SUITE 101
City-State-Zip:	PLANTATION FL	City-State-Zip:	PLANTATION FL 33317

I hereby 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 all other like empowered.

SIGNATURE: HILAIRE L. FERNANDES M.D. PRESIDENT 03/08/2013

Electronic Signature of Signing Officer/Director Detail — Date