

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 681552

Entity Name: CARDIOLOGY ASSOCIATES OF PALM BEACH, P.A.**Current Principal Place of Business:**

C/O MICHAEL E. RAY, M.D.
1401 FORUM WAY - STE. 300
WEST PALM BEACH, FL 33401

Current Mailing Address:

C/O MICHAEL E. RAY, M.D.
1401 FORUM WAY - STE. 300
WEST PALM BEACH, FL 33401 US

FEI Number: 59-2015832**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**

RAY, MICHAEL E M.D.
1401 FORUM WAY - STE. 300
WEST PALM BEACH, FL 33401 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 SD
Name CHAIT, ROBERT DM.D.
Address 1401 FORUM WAY
City-State-Zip: W PALM BEACH FL

Title TD
Name ERENICH, NORMAN HM.D.
Address 1401 FORUM WAY
City-State-Zip: W PALM BEACH FL

Title ASD
Name SHIFRIN, GARY SM.D.
Address 1401 FORUM WAY
City-State-Zip: W PALM BEACH FL

Title ATD
Name SADLER, DIEGO BM.D.
Address 1401 FORUM WAY
City-State-Zip: W PALM BEACH FL

Title P
Name RAY, MICHAEL E., M.D.
Address 1401 FORUM WAY
City-State-Zip: W PALM BEACH FL

Title V
Name DEAC, DAN M.D.
Address 1401 FORUM WAY
City-State-Zip: W PALM BEACH FL

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: MICHAEL E. RAY, MD**PRESIDENT****04/08/2015**

Electronic Signature of Signing Officer/Director Detail

Date