

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000021588

**Entity Name:** NORTHWEST FLORIDA HEART GROUP, P.A.

**Current Principal Place of Business:**

8333 N. DAVIS HIGHWAY  
PENSACOLA, FL 32514

**Current Mailing Address:**

P O BOX 11339  
PENSACOLA, FL 32524

**FEI Number:** 59-3710198

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MILES, DAVID M.D.  
8333 N. DAVIS HIGHWAY, 4TH FLOOR  
PENSACOLA, FL 32514 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 D  
Name MILES, DAVID M.D.  
Address 8333 N. DAVIS HIGHWAY  
City-State-Zip: PENSACOLA FL 32514

Title D  
Name BRANCO, MARCELO CM.D.  
Address 8333 N. DAVIS HIGHWAY  
City-State-Zip: PENSACOLA FL 32514

Title D  
Name GUITIAN, JOSE CM.D.  
Address 8333 N. DAVIS HIGHWAY  
City-State-Zip: PENSACOLA FL 32514

Title D  
Name PHILLIPS, DANIEL M.D.  
Address 8333 N. DAVIS HIGHWAY  
City-State-Zip: PENSACOLA FL 32514

*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:** DAVID MILES, M.D.

**DIRECTOR**

**01/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date