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.

CPA

SIGNATURE: MARCELO BRANCO

2014 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:

316 S. BAYLEN STREET **STE 300** PENSACOLA, FL 32052 US

FEI Number: 59-3710198

Name and Address of Current Registered Agent:

MILES, DAVID M.D. 8333 N. DAVIS HIGHWAY, 4TH FLOOR PENSACOLA, FL 32514 US

Certificate of Status Desired: No

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

Officer/Director Detail :

| Title | D | Title | D |
|-----------------|--------------------------|-----------------|----------------------------|
| Name | MILES, DAVID M.D. | Name | BRANCO, MARCELO CM.D. |
| Address | 8333 N. DAVIS HIGHWAY | Address | 8333 N. DAVIS HIGHWAY |
| City-State-Zip: | PENSACOLA FL 32514 | City-State-Zip: | PENSACOLA FL 32514 |
| | | | |
| | | | |
| Title | D | Title | D |
| Title Name | D GUITIAN, JOSE CM.D. | Title Name | D PHILLIPS, DANIEL M.D. |
| | - | | |
| Name | GUITIAN, JOSE CM.D. | Name | PHILLIPS, DANIEL M.D. |

Electronic Signature of Signing Officer/Director Detail



FILED Feb 28, 2014 Secretary of State CC9102008862

Date