

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000107079

Entity Name: SOFFER HEART INSTITUTE, P.A.

Current Principal Place of Business:

21550 BISCAYNE BLVD
SUITE 133
AVENTURA, FL 33180

Current Mailing Address:

21550 BISCAYNE BLVD
SUITE 133
AVENTURA, FL 33180 US

FEI Number: 26-3867908

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOFFER, ARIEL MD
21550 BISCAYNE BLVD
SUITE 133
AVENTURA, FL 33180 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: ARIEL SOFFER, MD

04/28/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name SOFFER, ARIEL MD
Address 21550 BISCAYNE BLVD
SUITE 133
City-State-Zip: AVENTURA FL 33180

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: ARIEL SOFFER

DIRECTOR

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date