

**2017 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

04/25/2017

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**

04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date