

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 455991

FILED
Jul 01, 2005
Secretary of State

Entity Name: CLINE CARDIOVASCULAR ASSOCIATES, P.A.

Current Principal Place of Business:

5601 N DIXIE HWY
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

5601 N DIXIE HWY
209
FORT LAUDERDALE, FL 33334

Current Mailing Address:

5601 N DIXIE HWY
FORT LAUDERDALE, FL 33334

New Mailing Address:

5601 N DIXIE HWY
209
FORT LAUDERDALE, FL 33334

FEI Number: 59-1543384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLINE,ROBERT E. M.D.
5601 N DIXIE HWY
FORT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

CLINE,ROBERT E. M.D.
5601 N DIXIE HWY
209
FORT LAUDERDALE, FL 33334 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:

07/01/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: CLINE, ROBERT E M.D.
Address: 5601 N. DIXIE HIGHWAY, #209
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT E CLINE

MD

07/01/2005

Electronic Signature of Signing Officer or Director

Date