

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 511855

FILED
Apr 24, 2007
Secretary of State

Entity Name: CORAL GABLES CARDIOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

495 BILTMORE WAY
CORAL GABLES, FL 331345756

New Principal Place of Business:

495 BILTMORE WAY
SUITE 202
CORAL GABLES, FL 331345756

Current Mailing Address:

495 BILTMORE WAY
CORAL GABLES, FL 331345756

New Mailing Address:

495 BILTMORE WAY
SUITE 202
CORAL GABLES, FL 331345756

FEI Number: 59-1696035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEFF, EDWARD M.
495 BILTMORE WAY
CORAL GABLES, FL US

Name and Address of New Registered Agent:

NEFF, EDWARD M.
495 BILTMORE WAY
SUITE 202
CORAL GABLES, FL 331345756 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: EDWARD M. NEFF, M.D. PRESIDENT

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: NEFF, EDWARD M,
Address: 495 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL

Title: T () Delete
Name: NEFF, EDWARD M,
Address: 495 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: NEFF, EDWARD M,
Address: 495 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 331345756

Title: T (X) Change () Addition
Name: NEFF, EDWARD M,
Address: 495 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 331345756

Title: T () Change (X) Addition
Name: EDWARD NEFF, M.D.,
Address: 495 BILTMORE WAY SUITE 202
City-St-Zip: CORAL GABLES, FL 331345756

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: EDWARD M. NEFF, M.D. PRESIDENT

PDS

04/24/2007

Electronic Signature of Signing Officer or Director

Date