

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 511855

FILED
Feb 16, 2009
Secretary of State

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

Current Principal Place of Business:

495 BILTMORE WAY
SUITE 202
CORAL GABLES, FL 331345756

New Principal Place of Business:

Current Mailing Address:

495 BILTMORE WAY
SUITE 202
CORAL GABLES, FL 331345756

New Mailing Address:

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
SUITE 202
CORAL GABLES, FL 331345756 US

Name and Address of New Registered Agent:

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

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 331345756

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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.

PRES

02/16/2009

Electronic Signature of Signing Officer or Director

Date