2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# 602843

Entity Name: CARDIOLOGY ASSOCIATES OF FORT LAUDERDALE, P.A.

Current Principal Place of Business:

4725 N. FEDERAL HIGHWAY, SUITE 401
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

4725 N. FEDERAL HIGHWAY, SUITE 401
FT. LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 59-1358573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FONT, VICENTE E MD
4725 N. FEDERAL HIGHWAY, SUITE 401
FT. LAUDERDALE, FL 33308 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:	SD	( ) Delete
Name:	RUSSO CHARLES D.	MD
Address:	4725 N. FEDERAL HWY 401	
City-St-Zip:	FORT LAUDERDALE, FL 33308	
Title:	VD	( ) Delete
Name:	MUSIAL, BART B MD	
Address:	4725 N. FEDERAL HWY 401	
City-St-Zip:	FORT LAUDERDALE, FL 33308	
Title:	D	( ) Delete
Name:	GUZMAN, PABLO MD	
Address:	4725 N FEDERAL HWY 401	
City-St-Zip:	FT. LAUDERALDE, FL 33308	
Title:	D	( ) Delete
Name:	ALVAREZ ALFRED J.	MD
Address:	4725 N. FERDERAL HWY 401	
City-St-Zip:	FORT LAUDERDALE, FL 33308	
Title:	TD	( ) Delete
Name:	MUNUSWAMY, KARAN MD	
Address:	4725 N. FEDERAL HWY	
City-St-Zip:	FORT LAUDERDALE, FL 33308	
Title:	PD	( ) Delete
Name:	FONT, VICENTE E MD	
Address:	4725 N FEDERAL HWY 401	
City-St-Zip:	FORT LAUDERDALE, FL 33308	

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:	
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: PABLO GUZMAN D 03/31/2009

Electronic Signature of Signing Officer or Director — Date