## **2007 FOR PROFIT CORPORATION**

## Apr 27, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #660212** 04-27-2007 90224 007 \*\*\*150.00 1. Entity Name PALM BEACH HEART ASSOCIATES, P.A. Principal Place of Business Mailing Address **00046JJ4** 5503 SOUTH CONGRESS AVE #206 5503 SOUTH CONGRESS AVE #206 ATLANTIS, FL 33462 US ATLANTIS, FL 33462 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address SAME SAM F Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02012007 Chg-P Applied For City & State City & State 4. FEI Number 59-1975559 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MIDWALL, JAY Street Address (P.O. Box Number is Not Acceptable) 5503 S CONGRESS AVE #206 **STE 125** ATLANTIS, FL 33462 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition TITLE ☐ Delete TITLE ROTHENBERG, MARK MD NAME NAME 5503 S CONGRESS AVE, # 206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTIS, FL 33462 CITY-ST-7IP ☐ Change ■ Addition ☐ Delete TITLE TITLE ANGELLA, FAREN MD NAME NAME STREET ADDRESS 5503 S CONGRESS AVE STREET ADDRESS CITY - ST - 79P CITY-ST-ZIP ATLANTIS, FL 33462 Change Addition ☐ Delete TITLE TITLE RANKOVICH, VLADIMIR NAME NAME STREET ADDRESS 5503 S CONGRESS AVE, # 206 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH, FL 33462 ☐ Delete TATLE ☐ Change ☐ Addition TITLE FREHER, MARK S MD NAME STREET ADDRESS 5503 S CONGRESS AVE, # 206 STREET ADDRESS ATLANTIS, FL 33462 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE LOVITZ, LAWRENCE S MD NAME NAME 5503 SOUTH CONGRESS AVE #206 STREET ADDRESS STREET ADDRESS LAKE WORTH, FL 33462 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE FISHEL, ROBERT MD NAME NAME STREET ADDRESS 5502 S CONGRESS AVE #206 STREET ADDRESS CITY-ST-ZIP ATLANTIS, FL 33462 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

JAY MIDWALL

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

PLESIDENT

561-434-0353

Daytime Phone #

ATTACHMENT
60042994
## 600212

Additional officers of the corporation Palm Beach Heart Associates

Jay Midwall MD 5503 S. Congress Avenue Suite 206 President Atlantis, Florida 33462

Joshua Kieval MD 5503 S. Congress Avenue Suite 206 Treasurer Atlantis, Florida 33462