2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED AND FILED

07 NOV -5 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 660212

1. Entity Name
PALM BEACH HEART ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
5503 SOUTH CONGRESS AVE #206 ATLANTIS, FL 33462 US	5503 SOUTH CONGRESS AVE #206 ATLANTIS, FL 33462 US

10192007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1975559 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MIDWALL, JAY 5503 S CONGRESS AVE #206 STE 125 ATLANTIS, FL 33462	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROTHENBERG, MARK MD 5503 S CONGRESS AVE, # 206 ATLANTIS, FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President George Daniel, M.D. 5503 S Congress Ave., Suite 206 Atlantis, FL 33462	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ANGELLA, FAREN MD 5503 S CONGRESS AVE ATLANTIS, FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Joshua Kieval, M.D. 5503 S Congress Ave., Suite 206 Atlantis, FL 33462	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RANKOVICH, VLADIMIR 5503 S CONGRESS AVE, # 206 LAKE WORTH, FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300112140503 11/09/07--01004--014 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FREHER, MARK S MD 5503 S CONGRESS AVE, # 206 ATLANTIS, FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LOVITZ, LAWRENCE S MD 5503 SOUTH CONGRESS AVE #206 LAKE WORTH, FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FISHEL, ROBERT MD 5502 S CONGRESS AVE #206 ATLANTIS, FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 or 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 all other like empowered.

SIGNATURE: V _____ 10/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAY MIDWALL MD