## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT.# 660212

1. Entity Name



**FILED** Mar 13, 2008 8:00 am Secretary of State 03-13-2008 90031 009 \*\*\*150.00

PALM BEACH HEART ASSOCIATES, P.A.									
Principal Place 5503 SOUTH ATLANTIS, FL	CONGRESS AVE #206	Mailing Address 5503 SOUTH CONGRESS AVE #206 ATLANTIS, FL 33462 US		39°-		INDE OTOBL OBOSE DIO	OF WINDER WINDS WER	H <b>K4</b> ) (14 <b>5)</b>	
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03052008	Chg-P	CR2E0	34 (12/06)		
City & State		City & State			4. FEI Number 59-197			<del> </del>	oplied For ot Applicable
Zip	Country	Žip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current Re	gistered Agent	-		7. Name and	Address of New	Registered /	Agent	
MIDWALL, JAY				Name					
	NGRESS AVE #206	Street Addres			P.O. Box Numb	er is Not Acceptat	ole)		
ATLANTIS, FL 33462									
	,		City				FL	Zip Code	e
The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent.					ed agent, or bo	th, in the State of f	Florida. I am f	iamiliar with,	and accept
ine congunities of regionated agoni.									
SIGNATURE									
	signature, typed or printed name of registered agent and	title if applicable. (NOTE: H	legistered Agent signati	ire required	when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			~ —		00 May Be ed to Fees				
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	VP	☐ Delete	TITLE	PR	NIDW MIDW	) F		☐ Change	Maddition Maddition
NAME Street address	ROTHENBERG, MARK MD 5503 S CONGRESS AVE, # 206		NAME STREET ADDRESS	VAY	20 CO	NGBES	s AUE	#200	<u> </u>
CITY-ST-ZIP	ATLANTIS, FL 33462		CITY-ST-ZIP	550 0T/	SANTIS	FL 3=	3162	., .	
TITLE	VP	☐ Delete	TITLE	VE	)			☐ Change	Addition
NAME	ANGELLA, FAREN MD		NAME	500		TEVAL	4 ) /	_#	
STREET ADDRESS. CITY-ST-ZIP	.5503 S.CONGRESS AVE ATLANTIS, FL 33462		STREET ADDRESS CITY - ST-ZIP			NGLESS		#200	6
TITLE	VP	Delete	TITLE	UP	MOTES	FL 33	-Y. L 2	☐ Change	Addition
NAME	RANKOVICH, VLADIMIR	Detaile	NAME	G-=	ORGE I	DANTEL			,
STREET ADDRESS	5503 S CONGRESS AVE, # 206		STREET ADDRESS	550	3 S.C	0106655		# 20	6
CITY-ST-ZIP	LAKE WORTH, FL 33462		CITY-ST-ZIP	AT	LANTIS	F ( 3)	3462		
TITLE	VP	☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	FREHER, MARK S MD 5503 S CONGRESS AVE, # 206		NAME STREET ADDRESS						
CITY-ST-ZIP	ATLANTIS, FL 33462		CITY-ST-ZIP						
TITLE	VP	☐ Delete	THTLE					☐ Change	Addition
NAME	LOVITZ, LAWRENCE S MD		NAME						<b>_</b>
STREET ADDRESS	5503 SOUTH CONGRESS AVE #2	06	STREET ADDRESS						
CITY-ST-ZIP	LAKE WORTH, FL 33462		CITY-ST-ZIP						
TITLE	V EIGHEL BOBERT MD	☐ Delete	THILE	1				Change	Addition Addition
NAME Street address	FISHEL, ROBERT MD 5502 S CONGRESS AVE #206		NAME Street Address						
CITY-ST-ZIP	ATLANTIS, FL 33462		CITY-ST-ZIP						
12. I hereby o	certify that the information supplied with th	is filing does not qualify for t	he exemptions o	ontained	in Chapter 119	9, Florida Statutes	. I further cert	tify that the in	nformation

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 changed, or on an attachment with an another 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: