2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # 681552

1. Entity Name
CARDIOLOGY ASSOCIATES OF PALM BEACH, P.A.

Principal Place of Business	Mailing Address
C/O RICHARD G. KACHEL, M.D. 1401 FORUM WAY WEST PALM BEACH, FL 33401	C/O RICHARD G. KACHEL, M.D. 1401 FORUM WAY WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

04042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2015832
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KACHEL, RICHARD G., M.D.
1401 FORUM WAY
WEST PALM BEACH, FL 33401

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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)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000900279
04/29/08-80024-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	RAY, MICHAEL E., M.D.
STREET ADDRESS	1401 FORUM WAY
CITY-ST-ZIP	W PALM BEACH, FL
TITLE	PD
NAME	KACHEL, RICHARD G., M.D.
STREET ADDRESS	1401 FORUM WAY
CITY-ST-ZIP	W PALM BEACH, FL
TITLE	SD
NAME	CHAIT, ROBERT D M.D.
STREET ADDRESS	1401 FORUM WAY
CITY-ST-ZIP	W PALM BEACH, FL
TITLE	TD
NAME	ERENRICH, NORMAN H M.D.
STREET ADDRESS	1401 FORUM WAY
CITY-ST-ZIP	W PALM BEACH, FL
TITLE	ASD
NAME	SHIFRIN, GARY S M.D.
STREET ADDRESS	1401 FORUM WAY
CITY-ST-ZIP	W PALM BEACH, FL
TITLE	ATD
NAME	SADLER, DIEGO B M.D.
STREET ADDRESS	1401 FORUM WAY
CITY-ST-ZIP	W PALM BEACH, FL

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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: Richard Kachel, M.D. 4/4/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #