2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# 741192

Entity Name: CARDIAC CENTER FOUNDATION, INC.

Current Principal Place of Business:

90 LEUCADENDRA DR
CORAL GABLES, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

90 LEUCADENDRA DR
CORAL GABLES, FL 33156 US

New Mailing Address:

FEI Number: 59-1790375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REIS, ROBERT L., M.D.
90 LEUCADENDRA DR
CORAL GABLES, FL 33156 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: REIS, ROBERT M.D.,
Address: 90 LEUCADENDRA DR
City-St-Zip: CORAL GABLES, FL

Title: D ( ) Delete
Name: TAINTOR, JAMES S
Address: 14902 SW 74TH PLACE
City-St-Zip: MIAMI, FL 33158

Title: D ( ) Delete
Name: GREENFIELD, JOHNATHAN M.D.
Address: 6515 NW 32 TERRACE
City-St-Zip: BOCA RATON, FL 33496

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT REIS, MD D 04/27/2005

Electronic Signature of Signing Officer or Director — Date