



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90066 028 ***150.00

DOCUMENT # G92578 1. Entity Name CARDIOLOGY ASSOCIATES, INC., DRS. POLLAK & DONSHIK					
Principal Place of Business 2925 AVENTURA BLVD., SUITE 300 AVENTURA, FL 33180			Mailing Address 2925 AVENTURA BLVD., SUITE 300 AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2143684	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent POLLAK, RICHARD MD 2925 AVENTURA BLVD., SUITE 300 AVENTURA, FL 33180			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD <input type="checkbox"/> Delete POLLAK, RICHARD H MD 2925 AVENTURA BLVD, SUITE 300 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Donshik, Gary R. MD 2925 Aventura Blvd, Suite 300 Aventura, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Delete DONSHIK, GARY R MD 2925 AVENTURA BLVD, SUITE 300 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Desir, Ranley M., M.D. 2925 Aventura Blvd, Suite 300 Aventura, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete LEVINE, JAY A MD 2925 AVENTURA BLVD SUITE 300 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Partner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jones, Anita, M.D. 2925 Aventura Blvd. Suite 300 Aventura, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <input checked="" type="checkbox"/> Delete RANLEY, DESIR M MD 2925 AVENTURA BLVD STE 300 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vassolo, H. Marcelo, M.D. 2925 Aventura Blvd. Suite 300 Aventura, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NADER, RALPH G MD 2925 AVENTURA BLVD STE 300 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 lists empowered.					
SIGNATURE: _____			Pollak, Richard H., M.D. 305. 932-1777		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					