

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K11596**

1. Corporation Name
MIAMI HEART ASSOCIATES, INC.

APPROVED
 FILED

93 SEP 27 AM 7:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business

4201 PALM AVE
 SUITE 2A & 2D
 HIALEAH FL 33012

Mailing Address

4201 PALM AVE
 SUITE 2A & 2D
 HIALEAH FL 33012

2. Principal Place of Business

21 | Suite, Apt. #, etc

22 | City & State

23 | Zip Country

24 |

2a. Mailing Address

26 | Suite, Apt. #, etc

27 | City & State

28 | Zip Country

29 | 30 |

3. Name and Address of Current Registered Agent

FARRA, MIGUEL G.
C/O KAUFMAN, ROSSIN & CO
2699 S. BAYSHORE DR. SU 500
MIAMI FL 33133

81 | Name

82 | Street Address (P.O. Box Number is Not Acceptable)

83 |

84 | City

FL | 85 | Zip Code

11. Pursuant to the provisions of sections 607.0507 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: _____
 (Type or typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

- 12.1 | PD | SAFILLE, EDUARDO F., MD | [] DELETE
- 12.2 | 4201 PALM AVE, STE D |
- 12.3 | HIALEAH FL |
- 12.4 | STD | [] DELETE
- 12.5 | DELGADO, RUBEN, MD |
- 12.6 | 4201 PALM AVE, STE D |
- 12.7 | HIALEAH FL | [] DELETE
- 12.8 | [] DELETE
- 12.9 | [] DELETE
- 12.10 | [] DELETE
- 12.11 | [] DELETE
- 12.12 | [] DELETE
- 12.13 | [] DELETE
- 12.14 | [] DELETE
- 12.15 | [] DELETE
- 12.16 | [] DELETE
- 12.17 | [] DELETE
- 12.18 | [] DELETE
- 12.19 | [] DELETE
- 12.20 | [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

- 13.1 | 11 TITLE | [] Change [] Addition
- 13.2 | 12 NAME |
- 13.3 | 400003006154-3 |
- 13.4 | -10/05/99-01083-013 |
- 13.5 | ****550.00 ****550.00 | [] Change [] Addition
- 13.6 | 21 TITLE | [] Change [] Addition
- 13.7 | 22 NAME |
- 13.8 | 23 STREET ADDRESS |
- 13.9 | 24 CITY-ST-ZIP | [] Change [] Addition
- 13.10 | 31 TITLE | [] Change [] Addition
- 13.11 | 32 NAME |
- 13.12 | 33 STREET ADDRESS |
- 13.13 | 34 CITY-ST-ZIP | [] Change [] Addition
- 13.14 | 41 TITLE | [] Change [] Addition
- 13.15 | 42 NAME |
- 13.16 | 43 STREET ADDRESS |
- 13.17 | 44 CITY-ST-ZIP | [] Change [] Addition
- 13.18 | 51 TITLE | [] Change [] Addition
- 13.19 | 52 NAME |
- 13.20 | 53 STREET ADDRESS |
- 13.21 | 54 CITY-ST-ZIP | [] Change [] Addition
- 13.22 | 61 TITLE | [] Change [] Addition
- 13.23 | 62 NAME |
- 13.24 | 63 STREET ADDRESS |
- 13.25 | 64 CITY-ST-ZIP |

[Handwritten signature]
 9/15/99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
 (Type or typed or printed name of signing officer or director)

Daytime Phone #

002134

CR2E034 (5/99)