

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.

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. 25. Name and Address of Current Registered Agent

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. 30. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of sections 607.0502 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

Sign or type or printed name of registered agent and State if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11. TITLE [] DELETE

NAME SAFILLE, EDUARDO F., MD

STREET ADDRESS 4201 PALM AVE, STE D

CITY-STATE-ZIP HIALEAH FL

11. TITLE [] DELETE

NAME DELGADO, RUBEN, MD

STREET ADDRESS 4201 PALM AVE, STE D

CITY-STATE-ZIP HIALEAH FL

11. TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

11. TITLE [] DELETE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-STATE-ZIP

11. TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED
FILED

93 SEP 27 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1988

4. FEI Number

65-0042510

Applied For
Not Applicable

5. Certificate of Status Desired []

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution []

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. [] Yes [] No

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL 85. Zip Code

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

400003006154--3

-10/05/99-01088-019

****550.00 ****550.00

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

9/15/99

Daytime Phone #

002134

CR2E034 (5/99)