2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007
Secretary of State

DOCUMENT# K58702

Entity Name: THE CARDIOLOGY CENTER OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

% LOUIS D. SNYDER
16244 MILITARY TRAIL, SUITE 560
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

% LOUIS D. SNYDER
16244 MILITARY TRAIL, SUITE 560
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 65-0096096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SNYDER, LOUIS D.
16244 MILITARY TRAIL
SUITE 560
DELRAY BEACH, FL 33484 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DPT	( ) Delete
Name:	SNYDER, LOUIS D MD	
Address:	16244 S. MILITARY TRAIL, SUITE 560	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	VPDS	( ) Delete
Name:	CORONADO, IVAN MD	
Address:	19083 TWO RIVER LANE	
City-St-Zip:	BOCA RATON, FL 33498	
Title:	VPD	( ) Delete
Name:	SLOAN, SUSAN ARNP	
Address:	5622 FOX HOLLOW DRIVE, #C	
City-St-Zip:	BOCA RATON, FL 33498	

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 Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS D. SNYDER, MD DPT 01/17/2007

Electronic Signature of Signing Officer or Director — Date