

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001611

FILED
Jan 18, 2005
Secretary of State

Entity Name: ANGEL'S PEDIATRIC CARDIOLOGY, INC.

Current Principal Place of Business:

3312 NE 34TH ST
FT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

3312 NE 34TH ST
FT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 68-0579881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, SONIA
10987 GOLDEN EAGLE CT.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

PEREZ, SONIA
10975 SW 11TH PLACE
DAVIE, FL 33324 US

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: SONIA PEREZ

01/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PEREZ, SONIA I
Address: 10987 GOLDEN EAGLE CT.
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: CARNEVALE, MICHAEL J
Address: 3370 NE 34 ST.
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: D () Delete
Name: ATKINSON, WILSON C III
Address: 1946 TYLER ST.
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PEREZ, SONIA I
Address: 10975 SW 11TH PLACE
City-St-Zip: DAVIE, FL 33324

Title: D (X) Change () Addition
Name: ABRAMSON, SYLVIE
Address: 716 NW 100 TERR
City-St-Zip: PLANTATION, FL 33324

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: SONIA PEREZ

D

01/18/2005

Electronic Signature of Signing Officer or Director

Date