

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 20, 2005  
Secretary of State**

DOCUMENT# N97000002439

Entity Name: WUESTHOFF BREVARD CARDIOLOGY GROUP, INC.

**Current Principal Place of Business:**

110 LONGWOOD AVENUE  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 565002  
MS #75  
ROCKLEDGE, FL 329565002

**New Mailing Address:**

FEI Number: 65-0732075      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, EMIL P  
110 LONGWOOD AVENUE  
ROCKLEDGE, FL 32955      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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MILLER, EMIL P  
Address: 110 LONGWOOD AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPD      ( ) Delete  
Name: KOLLEDA, RICHARD  
Address: 110 LONGWOOD AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: STD      (X) Delete  
Name: FAYER, GEORGE  
Address: 110 LONGWOOD AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD      (X) Change ( ) Addition  
Name: FAYER, GEORGE  
Address: 110 LONGWOOD AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955

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: EMIL MILLER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

04/20/2005

\_\_\_\_\_  
Date