

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001186

FILED  
Mar 21, 2011  
Secretary of State

**Entity Name:** NATIONAL INSTITUTE FOR CARDIAC EDUCATION, INC.

**Current Principal Place of Business:**

16400 COLLINS AVE.  
SUITE 1243  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

1240 HARBOR COURT  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

16400 COLLINS AVE.  
SUITE 1243  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

1240 HARBOR COURT  
HOLLYWOOD, FL 33019

**FEI Number:** 65-0902743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOFFER, ARIEL D DR.  
16400 COLLINS AVE.  
SUITE 1243  
SUNNY ISLES BEACH, FL 33160 US

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

SOFFER, ARIEL D DR.  
1240 HARBOR COURT  
HOLLYWOOD, FL 33019 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:

03/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SOFFER, ARIEL D  
Address: 16400 COLLINS AVE.  
City-St-Zip: SUNNY ISLES BEACH, FL 33019

Title: O  
Name: SOFFER, MARIA  
Address: 1240 HARBOR COURT  
City-St-Zip: HOLLYWOOD, FL 33019

I hereby 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 all other like empowered.

SIGNATURE: MARIA SOFFER

O

03/21/2011

Electronic Signature of Signing Officer or Director

Date