

P00000086/45

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

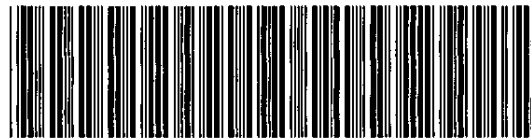
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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5-4-12

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT Broward Institute of Cardiology, Inc.

Name of Corporation

DOCUMENT NUMBER: P00000086145

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jorge Basto

Name of Contact Person

Broward Institute of Cardiology, Inc.

Firm/Company

201 NW 70 Avenue, Suite D

Address

Plantation, Florida 33317

City/State and zip Code

Mcbasto@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Basto

Name of Contact Person

at 954 430-6900

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Broward Institute of Cardiology, Inc.
2. The principal office address: 201 NW 70 Avenue, Suite D, Plantation, Florida 33317
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P00000086145
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

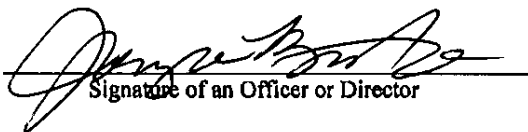
Penny R. Shaw, P.A.  
4780 Davie Road, Suite 101  
Davie, Florida 33314

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Patricia J. Murray, Esq.  
Restani, Dittmar & Hauser, P.A.  
Suntrust Building - Suite 1050  
201 Alhambra Circle  
Coral Gables, Florida 33134

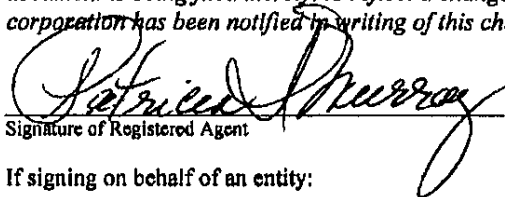
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an Officer or Director

Jorge Basb / President  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

April 25, 2012  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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2012 APR 30 AM 9:38  
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