

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90050 015 \*\*\*150.00

**DOCUMENT # P00000098009**

1. Entity Name  
**THE BROWARD HEART GROUP, P.A.**



Principal Place of Business  
**5901 COLONIAL DRIVE STE 301  
MARGATE, FL 33063**

Mailing Address  
**5901 COLONIAL DRIVE STE 301  
MARGATE, FL 33063**

**20001206**

2. Principal Place of Business  
**9800 SAMPLE RD.**  
Suite, Apt. #, etc.  
**UNIT C**

3. Mailing Address  
**9800 SAMPLE RD.**  
Suite, Apt. #, etc.  
**UNIT C**

City & State  
**CORAL SPRINGS, FLA**

City & State  
**CORAL SPRINGS, FLA**

Zip Country  
**33065 USA**

Zip Country  
**33065 USA**

01052005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1051183**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KAPLAN, HAROLD E  
1515 UNIVERSITY DRIVE STE 214  
CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) - DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME **V GOLDMAN, RICHARD A** ☐ Delete  
STREET ADDRESS **5901 COLONIAL DRIVE STE 301**  
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE  
NAME **P BERMAN, JULIAN L** ☐ Delete  
STREET ADDRESS **5901 COLONIAL DRIVE 301**  
CITY-ST-ZIP **POMPANO BEACH, FL 33063**

TITLE  
NAME **S GARFIELD, GARY J** ☐ Delete  
STREET ADDRESS **5901 COLONIAL DRIVE 301**  
CITY-ST-ZIP **POMPANO BEACH, FL 33063**

TITLE  
NAME **V HOSTIQ, CRAIG** ☐ Delete  
STREET ADDRESS **5901 CONLONIAL DR 301**  
CITY-ST-ZIP **POMPANO BEACH, FL 33063**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date **1/6/05** Daytime Phone # **954-344-8598 X301**