


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 A
Secretary of State

DOCUMENT # P00000098009 <small>1. Entity Name</small> THE BROWARD HEART GROUP, P.A.		
<small>Principal Place of Business</small> 9800 SAMPLE RD UNIT C CORAL SPRINGS, FL 33065	<small>Mailing Address</small> 9800 SAMPLE RD UNIT C CORAL SPRINGS, FL 33065	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KAPLAN, HAROLD E 1515 UNIVERSITY DRIVE STE 214 CORAL SPRINGS, FL 33071		
DO NOT WRITE IN THIS SPACE		
<small>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.</small>		
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	V GOLDMAN, RICHARD A 5901 COLONIAL DRIVE STE 301 MARGATE, FL 33063	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	P BERMAN, JULIAN L 5901 COLONIAL DRIVE 301 POMPANO BEACH, FL 33063	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	S GARFIELD, GARY J 5901 COLONIAL DRIVE 301 POMPANO BEACH, FL 33063	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	V HOSTIQ, CRAIG 5901 CONLONIAL DR 301 POMPANO BEACH, FL 33063	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		
<small>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</small>		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01102007 No Chg-P CR2E034 (11/05)

<small>4. FEI Number</small> 65-1051183	<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/26/07-80054-015 150.00

**DO NOT WRITE
IN THIS SPACE**

1-18-2007 954-3448598.
Date Daytime Phone