2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P00000098009

Entity Name: THE BROWARD HEART GROUP, P.A.

Current Principal Place of Business:

9800 SAMPLE RD
UNIT C
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

9800 WEST SAMPLE ROAD
SUITE A
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-1051183 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAURENCE, JODI ESQ
3501 S. UNIVERSITY DR.
SUITE 10
DAVIE, FL 33328 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BERMAN, JULIAN L M.D.
Address: 9800 W. SAMPLE ROAD #A
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S ( ) Delete
Name: GARFIELD, GARY J M.D.
Address: 9800 W. SAMPLE ROAD #A
City-St-Zip: CORAL SPRINGS, FL 33065

Title: V ( ) Delete
Name: SOLER, JOSE R M.D.
Address: 9800 W. SAMPLE ROAD #A
City-St-Zip: CORAL SPRINGS, FL 33065

Title: V ( ) Delete
Name: SABATES, EDUARDO C M.D.
Address: 9800 W. SAMPLE ROAD #A
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIAN L. BERMAN, MD P 04/21/2009

Electronic Signature of Signing Officer or Director — Date