

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000098009

FILED  
Jul 01, 2010  
Secretary of State

**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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIAN L. BERMAN, MD

P

07/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date