

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000028562

FILED
Mar 27, 2008
Secretary of State

Entity Name: CARDIOMEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

19530 AMBASSADOR CT
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

21097 NE 27TH COURT
SUITE 580
AVENTURA, FL 33180 US

Current Mailing Address:

P.O. BOX 246
HALLANDALE, FL 330080246 US

New Mailing Address:

FEI Number: 04-3622993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DRIVE
CLEARWATER, FL 33761 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: NASS, NOURI
Address: 19530 AMBASSADOR CT
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NASS, NOURI
Address: 21097 NE 27TH COURT, SUITE 580
City-St-Zip: AVENTURA, FL 33180 US

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: NOURI NASS, M.D.

MD

03/27/2008

Electronic Signature of Signing Officer or Director

Date