

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048694

FILED
Feb 21, 2005
Secretary of State

Entity Name: PALM BEACH HEART CLINIC, P.A.

Current Principal Place of Business:

3385 BURNS ROAD
SUITE 205
PALM BEACH GARDENS, FL 334105322

New Principal Place of Business:

Current Mailing Address:

3385 BURNS ROAD
SUITE 205
PALM BEACH GARDENS, FL 334105322

New Mailing Address:

FEI Number: 03-0446664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNEZ, PREDRAG M.D.
3385 BURNS ROAD
SUITE 205
PALM BEACH GARDENS, FL 334105322 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: PTSD () Delete
Name: KNEZ, PREDRAG
Address: 10264 ALLAMANDA CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: KNEZ, PREDRAG
Address: 2065 RADNOR CT
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PREDRAG KNEZ, M.D

MD

02/21/2005

Electronic Signature of Signing Officer or Director

Date