


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000129292</b>		
1. Entity Name AMERICAN HEART CARE CENTER OF FLORIDA, INC.		
Principal Place of Business 4912 SW 75 AVE MIAMI, FL 33155 US	Mailing Address 8770 SUNSET DRIVE SUITE 523 MIAMI, FL 33137 US	

**DO NOT WRITE IN THIS SPACE**



08062004 No Chg-P CR2E034 (10/03)

4. FEI Number 32-0045328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

FOSTER, HENRY  
7441 SW 66TH STREET  
MIAMI, FL 33143

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLEMMENTE, JOHN 8770 SUNSET DR #523 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSETR, HENRY 7441 SW 66TH STREET MIAMI, FL 33143
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09/03/04-80001-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY FOSTER

9/01/04 3056636634  
Date Daytime Phone #