2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000129292

1. Entity Name

AMERICAN HEART CARE CENTER OF FLORIDA, INC.

55053724

Principal Place of Business	Mailing Address
8770 SUNSET DRIVE	8770 SUNSET DRIVE
SUITE 523	SUITE 523
MIAMI FL 33137	MIAMI FL 33137
US	US

2. Principal Place of Business
4912 SW 75 Ave

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

☑ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State

4. FEI Number
32-0045328

☐ Applied For
☐ Not Applicable

Zip
33155

Country
USA

Zip

Country

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURGER, ALAN M

8603 SOUTH DIXIE HIGHWAY

SUITE 300

MIAMI FL 33143

7. Name and Address of New Registered Agent

Name HENRY FOSTER

Street Address (P.O. Box Number is Not Acceptable)

7441 SW 66TH St

City Miami   FL   Zip Code 33143

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 _____ HENRY FOSTER _____   7/10/03

Signature, type or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PRESIDENT	☐ Delete	TITLE		☐ Change	☐ Addition
NAME JOHN CLEMENTE		NAME			
STREET ADDRESS 8770 Sunset Dr. #523		STREET ADDRESS			
CITY-ST-ZIP Miami, FL 33173		CITY-ST-ZIP			
TITLE DIRECTOR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME HENRY FOSTER		NAME			
STREET ADDRESS 7441 SW 66TH St		STREET ADDRESS			
CITY-ST-ZIP Miami, FL 33143		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change	☐ Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change	☐ Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change	☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change	☐ Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

CR2E034 (4/03)

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: _____ HENRY FOSTER _____   7/10/03   305-663-6634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #