

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093216

FILED
Apr 30, 2009
Secretary of State

Entity Name: CARDIOVASCULAR SPECIALISTS OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

10025 CLEARY BLVD
PLANTATION, FL 33324

New Principal Place of Business:

10650 WEST STATE ROAD 84
SUITE 104
DAVIE, FL 33324

Current Mailing Address:

10025 CLEARY BLVD
PLANTATION, FL 33324

New Mailing Address:

10650 WEST STATE ROAD 84
SUITE 104
DAVIE, FL 33324

FEI Number: 20-0337721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOULD, RANDY
10025 CLEARY BLVD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

GOULD, RANDY
10650 WEST STATE ROAD 84
SUITE 104
DAVIE, FL 33324 US

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: RANDY GOULD

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOULD, RANDY
Address: 10025 CLEARY BLVD
City-St-Zip: PLANTATION, FL 33324

Title: VP () Delete
Name: SABBOTA, MARK
Address: 10025 CLEARY BLVD
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOULD, RANDY
Address: 10650 WEST STATE ROAD 84, SUITE 104
City-St-Zip: DAVIE, FL 33324

Title: VP (X) Change () Addition
Name: SABBOTA, MARK
Address: 10650 WEST STATE ROAD 84, SUITE 104
City-St-Zip: DAVIE, FL 33324

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: RANDY GOULD

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date