

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000162148

FILED  
Feb 21, 2008  
Secretary of State

Entity Name: ADVANCED CARDIAC CONSULTANTS, INC.

## Current Principal Place of Business:

8911 COLLINS AVE.  
805  
SURFSIDE, FL 33154 US

## New Principal Place of Business:

## Current Mailing Address:

8911 COLLINS AVE.  
805  
SURFSIDE, FL 33154 US

## New Mailing Address:

FEI Number: 20-1946695      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MATHISON, SCOTT D  
8911 COLLINS AVE.  
805  
SURFSIDE, FL 33154 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&T ( ) Delete  
Name: MATHISON, SCOTT D  
Address: 8911 COLLINS AVENUE, #805  
City-St-Zip: MIAMI BEACH, FL 33154 US

Title: VP ( ) Delete  
Name: DEROSA, SHAWN  
Address: 408 SOUTHEAST 5TH STREET  
City-St-Zip: DANIA BEACH, FL 33004

Title: SECR ( ) Delete  
Name: BARROCAS, ALBERTO  
Address: 600 NORTHEAST 36TH STREET, #1803  
City-St-Zip: MIAMI, FL 33137

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SCOTT MATHISON

PRES

02/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date