

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000061882

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: CARDIOLOGY ON-CALL SERVICE, INC.

## Current Principal Place of Business:

6200 S.W. 73RD STREET  
SUITE 210  
SOUTH MIAMI, FL 33143

## New Principal Place of Business:

6200 SUNSET DRIVE  
SUITE 401  
SOUTH MIAMI, FL 33143

## Current Mailing Address:

200 S BISCAYNE BLVD.  
20TH FLOOR  
MIAMI, FL 331312399

## New Mailing Address:

200 S BISCAYNE BLVD.  
SUITE 3900  
MIAMI, FL 33131

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPRATT, WILLIAM J JR.  
200 S BISCAYNE BLVD.  
20TH FLOOR  
MIAMI, FL 331312399 US

## Name and Address of New Registered Agent:

SPRATT, WILLIAM J JR.  
200 SOUTH BISCAYNE BLVD.  
SUITE 3900  
MIAMI, FL 33131 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: WILLIAM J. SPRATT, JR.

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SAMOLE, M.D., YALE M OFFICER  
Address: 6200 SW 73RD STREET SUITE 210  
City-St-Zip: SOUTH MIAMI, FL 33143

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: SAMOLE, YALE M M.D.  
Address: 6200 SUNSET DRIVE, SUITE 401  
City-St-Zip: SOUTH MIAMI, FL 33143

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: YALE M. SAMOLE, M.D.

DPST

04/28/2008

Electronic Signature of Signing Officer or Director

Date