

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000117254

FILED
Feb 01, 2008
Secretary of State

Entity Name: SOUTH MIAMI CORONARY CT ASSOCIATES, INC.

Current Principal Place of Business:

C/O RADIOLOGY ASSOCIATES OF SOUTH FL PA
8900 N KENDALL DRIVE
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

C/O RADIOLOGY ASSOCIATES OF SOUTH FL PA
8900 N KENDALL DRIVE
MIAMI, FL 33176

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVE
TALLAHASSEE, FL 32301 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: D () Delete
Name: JANOWITZ, WARREN MD
Address: 8900 N KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: FELDMAN, THEODORE MD
Address: 4685 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: ZIFFER, JACK MD
Address: 8900 N KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176

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: DENNIS WISEMAN

SEC

02/01/2008

Electronic Signature of Signing Officer or Director

_____ Date