2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000028982

City-St-Zip:

FILED Dec 10, 2009 Secretary of State

Entity Name: HEART CARE CFL, P.A. **Current Principal Place of Business: New Principal Place of Business:** 782 FLORENCIA CIR. TITUSVILLE, FL 32780 **Current Mailing Address: New Mailing Address:** 782 FLORENCIA CIR TITUSVILLE, FL 32780 FEI Number: 26-2209463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COHEN, JEFFREY L. 909 S.E. 5TH AVENUE SUITE 200 DELRAY BEACH, FL 33483 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition

RAO, SURYA MD Name: Name: RAO, SURYA MD 5166 ROYAL PADDOCK WAY 5166 ROYAL PADDOCK WAY Address: Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: MERRITT ISLAND, FL 32952 Title: Title: D,VP (X) Change () Addition () Delete Name: RAO, RAVI MD Name: RAO, RAVI, MD. 782 FLORENCIA CIR. 782 FLORENCIA CIR. Address: Address: TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 City-St-Zip: City-St-Zip: Title: Title: () Delete SEC () Change (X) Addition RAO, MARY Name: Name: 5166 ROYAL PADDOCK WAY Address Address: City-St-Zip: City-St-Zip: MERRITT ISLAND, FL 32952 Title: () Delete Title: TREA () Change (X) Addition RAO, SUDHA Name: Name: Address: Address: 782 FLORENCIA CIR.

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.

City-St-Zip:

TITUSVILLE, FL 32780

SIGNATURE: SUDHA RAO TREA 12/10/2009