2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2009
Secretary of State

DOCUMENT# P08000107079

Entity Name: SOFFER HEART INSTITUTE, P.A.

Current Principal Place of Business:

C/O 3501 S. UNIVERSITY DRIVE
SUITE 10
DAVIE, FL 33328

New Principal Place of Business:

C/O 1240 HARBOR COURT
HOLLYWOOD, FL 33019 US

Current Mailing Address:

C/O 3501 S. UNIVERSITY DRIVE
SUITE 10
DAVIE, FL 33328

New Mailing Address:

C/O 1240 HARBOR COURT
HOLLYWOOD, FL 33019 US

FEI Number: 26-3867908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORIDA HEALTH LAW CENTER, LLC
3501 S. UNIVERSITY DRIVE
SUITE 10
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

ARIEL D. SOFFER
1240 HARBOR COURT
HOLLYWOOD, FL 33019 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: ARIEL SOFFER 06/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SOFFER, ARIEL D M.D.
Address: C/O 3501 S. UNIVERSITY DRIVE, SUITE 10
City-St-Zip: DAVIE, FL 33328

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SOFFER, ARIEL D M.D.
Address: 1240 HARBOR COURT
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: D ( ) Change (X) Addition
Name: SOFFER, MARIA
Address: 1240 HARBOR COURT
City-St-Zip: HOLLYWOOD, FL 33019 US

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: MARIA SOFFER D 06/30/2009
Electronic Signature of Signing Officer or Director Date