

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000075401

FILED
Mar 09, 2011
Secretary of State

Entity Name: FLORIDA ELECTROPHYSIOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

5503 S CONGRESS AVE
ATLANTIS, FL 33462

New Principal Place of Business:

5503 S CONGRESS AVE
SUITE 206
ATLANTIS, FL 33462

Current Mailing Address:

5503 S CONGRESS AVE
ATLANTIS, FL 33462

New Mailing Address:

5503 S CONGRESS AVE
SUITE 206
ATLANTIS, FL 33462

FEI Number: 27-3531109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERSON, GARY N
1645 PALM BEACH LAKES BLVD SUITE 1200
WEST PALM BEACH, FL 33401 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

OFFICERS AND DIRECTORS:

Title: D
Name: FISHEL, ROBERT M.D.
Address: 5503 S CONGRESS AVE SUITE 206
City-St-Zip: ATLANTIS, FL 33462

Title: D
Name: ANGELLA, FARAHNAZ R M.D.
Address: 5503 S CONGRESS AVE SUITE 206
City-St-Zip: ATLANTIS, FL 33462

Title: D
Name: RANKOVICH, VLADIMIR M.D.
Address: 5503 S CONGRESS AVE SUITE 206
City-St-Zip: ATLANTIS, FL 33462

Title: D
Name: FREHER, MARK S M.D.
Address: 5503 S CONGRESS AVE SUITE 206
City-St-Zip: ATLANTIS, FL 33462

I hereby 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 all other like empowered.

SIGNATURE: ROBERT FISHEL

PRES

03/09/2011

Electronic Signature of Signing Officer or Director

Date