

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P11000082570

**FILED**  
**Jun 28, 2012**  
**Secretary of State**

**Entity Name:** THE HEART MEDICAL INSTITUTE INC

**Current Principal Place of Business:**

9737 NW 41 ST  
572  
DORAL, FL 33178

**New Principal Place of Business:**

9737 NW 41 ST  
572  
DORAL, FL 33178 US

**Current Mailing Address:**

9737 NW 41 ST  
572  
DORAL, FL 33178

**New Mailing Address:**

9737 NW 41 ST  
572  
DORAL, FL 33178 US

**FEI Number:** 45-3366411

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERNANDEZ, SAMUEL  
9850 NW 39 ST  
DORAL, FL 33178 US

**Name and Address of New Registered Agent:**

QUARANTA, VICTOR G  
19660 SW 212TH STREET  
MIAMI, FL 33178 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: VICTOR G. QUARANTA

06/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: QUARANTA, VICTOR G  
Address: 19660 SW 212TH STREET  
City-St-Zip: MIAMI, FL 33178 US

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: VICTOR G. QUARANTA

PSTD

06/28/2012

Electronic Signature of Signing Officer or Director

Date