

FILED  
May 03, 2004 08:00 AM  
Secretary of State

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                    |                                                                                   |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P93000031403</b><br>1. Entity Name<br><b>CARDIOVASCULAR NETWORK OF FLORIDA CORP.</b> |  |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                              |                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>919 PLACETAS<br>CORAL GABLES, FL 33146 | <b>Mailing Address</b><br>919 PLACETAS<br>CORAL GABLES, FL 33146 |
|------------------------------------------------------------------------------|------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



04272004 No Chg-F CR2E034 (10/03)

|                                                           |                                           |
|-----------------------------------------------------------|-------------------------------------------|
| 4. FFI Number<br><b>65-0403483</b>                        | Applied For<br>Not Applicable             |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fees Required |

|                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------|
| <b>8. Name and Address of Current Registered Agent</b><br><br>DEL MONTE, GASPAR JR.<br>919 PLACETAS<br>CORAL GABLES, FL 33146 |
|-------------------------------------------------------------------------------------------------------------------------------|

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IN THIS SPACE**

9. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$650.00**

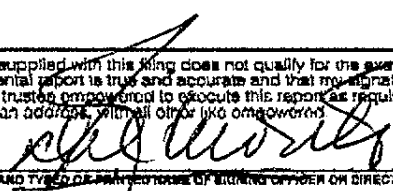
9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                     |                                                                            |
|------------------------------------------------|----------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DEL MONTE, GASPAR, M.D. JR.<br>919 PLACETAS<br>CORAL GABLES, FL 33146 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            |

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05/04/04-80131-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 (305)  
258-7222  
Date Daytime Phone #