2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005
Secretary of State

DOCUMENT# P93000039248

Entity Name: CARDIOVASCULAR MEDICAL SPECIALISTS OF THE PALM BEACHES, P.A.

Current Principal Place of Business:

3345 BURNS ROAD
#306
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 31448
PALM BEACH GARDENS, FL 33420 US

New Mailing Address:

FEI Number: 65-0409694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEIN, MICHAEL J
10921 LARCH COURT
PALM BEACH GARDENS, FL 33418 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STEIN, MICHAEL J
Address: 10921 LARCH COURT
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: V ( ) Delete
Name: VARNELL, JAMES H
Address: 10264 HUNT CLUB LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: TS ( ) Delete
Name: VOGEL, CRAIG
Address: 5017 WHISPERING HOLLOW
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change ( ) Addition
Name: VOGEL, CRAIG
Address: 109 TRANQUILLER DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL J, STEIN P 03/04/2005

Electronic Signature of Signing Officer or Director Date