2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 29, 2004 8:00 am **DOCUMENT # P93000065978 Secretary of State** 1. Entity Name 01-29-2004 90077 015 ***150.00 FLORIDA CARDIOLOGY GROUP, P.A. Principal Place of Business Mailing Address 110 JFK DRIVE 110 JFK DRIVE #110 **ATLANTIS FL 33462** ATLANTIS FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0431787 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZAGHI, HEDAYATOLLA MD Street Address (P.O. Box Number is Not Acceptable) 110 JFK DRIVE **SUITE #110** ATLANTIS FL 33462 Zip Code 8. The above named entity submits this statement for the puppes 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 its FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME ZAGHI, HEDAYATOLLA MD NAME STREET ADDRESS 110 JFK DR #110 STREET ADDRESS ATLANTIS FL 33462 CITY-ST-7IP CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change Addition NAME SAKETKHOU, B BENJAMIN NAME STREET ADDRESS 110 JFK DR #110 STREET ADDRESS ATLANTIS FL 33462 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME -110, SPK Orive, #110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

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 of the corporation or the receiver or truste changed, or on an attachment with an ad-

SIGNATURE:

CER OR DIRECTOR

FILED