## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000065978

Entity Name: FLORIDA CARDIOLOGY GROUP, P.A.

FILED Jan 14, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
110 JFK D #110	RIVE					
	, FL 33462	US				
Current Mailing Address:			New Mailin	New Mailing Address:		
110 JFK D #110	RIVE					
	, FL 33462	US				
FEI Number:	: 65-0431787	FEI Number Applied For ( )	FEI Number Not Applic	cable ( ) Certificate of Status Desired ( )		
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
110 JFK D SUITE #11						
	named entit of Florida	y submits this statement for the	purpose of changing its	s registered office or registered agent, or both,		
SIGNATUR	RE:					
		onic Signature of Registered Ag	ent	Date		
Election Car	npaign Financ	ing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DP ZAGHI, HED/ 110 JFK DR ATLANTIS, F	#110	Title: Name: Address: City-St-Zip:	D/P (X) Change ( ) Addition ZAGHI, HEDAYATOLLAH 110 JFK DR #110 ATLANTIS, FL 33462		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DS BORZAK, ST 110 JFK DRI LAKE WORT	VE #110	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	DT (X) Change ( ) Addition KARATELA, DR.RIZWAN MD 110 JFK DR 110 ATLANTIS, FL 33462		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HEDAYATOLLAH ZAGHI DR. 01/14/2008