2008 FOR PROFIT CORPORATION

SIGNATURE:

May 19, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P94000057685 05-19-2008 90039 035 ***150.00 CARDIOVASCULAR MEDICINE ASSOCIATES, P.A. Principal Place of Business Mailing Address 6200 SW 73RD STREET 200 S BISCAYNE BLVD. 20TH FLOOR SUITE 210 MIAMI, FL 33143 MIAMI, FL 33131-2399 3. Mailing Address 200 S. BISCAYNE GWD. 2. Principal Place of Business - No P.O. Box # 6200 SUNSET DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE 401 01232008 Cha-P CR2E034 (12/06) City & State MI AMI 4. FEI Number Applied For SOUTH MIAMI, FLORIDA 65-0511644 Not Applicable Country USA Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAM J. SPRATT, JR Street Address (P.O. Box Number is Not Acceptable) SPRATT, WILLIAM J JR 200 S BISCAYNE BLVD. 200 S. BISCAYNE BLVD 20TH FLOOR MIAMI, FL 33131-2399 **SUITE 3900** City MIAML 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of ered agent name of registered agent and title if applicable Signature, type (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete THILE Change Addition TITLE ZWERLING, LEONARD, M.D. NAME SAMOLE, YALE MD NAME 6200 SW 73RD STREET #210B 6200 SUNSET DRIVE, SUITE 401 STREET ADDRESS STREET ADDRESS SOUTH MIAMI, FLORIDA 33143 CITY-ST-ZIP S. MIAMI, FL 33143 CITY-ST-7IP ☐ Delete Addition TITLE TITLE ☐ Change NAME SNOW, MATTHEW MD NAME STREET ADDRESS 6200 SW 73RD STREET #210B STREET ADDRESS CITY-ST-ZIP SO, MIAMI, FL 33143 CITY-S1-ZIP DVST TITLE ☐ Delcte TITLE Change ☐ Addition SILVERSTEIN, BERNARD NAME NAME 6200 SW 73RD STREET #210A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change ROSENBAUM, ABBE NAME NAME STREET ADDRESS 6200 SW 73RD STREET #210A STREET ADDRESS CITY-ST-ZIP SO. MIAMI, FL 33143 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ALDRICH, HARRY R MD NAME NAME 6200 SW 73RD STREET #210A STREET ADDRESS STREET ADDRESS SO. MIAMI, FL 33143 CITY-ST-ZIP CITY-ST-ZIP TITLE DV ☐ Delete TITLE Change Addition MAJANO, ROMEO NAME NAME 6200 SW 73RD STREET, #210B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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 thysice empowered by effect 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 adjustment of the corporation of the corpo

OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #

2008 FOR PROFIT: CORPORATION ATTACHMENT ANNUAL REPORT

DOCUI 1. Entity Nam CARDION								
Principal Place 6200 SW 731 SUITE 210 MIAMI, FL 33	RD STREET 3143 US	Mailing Address 200 S BISCAYNE BLVD. 20TH FLOOR MIAMI, FL 33131-2399			, <u></u>	10104	19n	
2. Principal Place of Business - No P.O. Box # 6200 SUNSET DRIVE		3. Mailing Address 200 5. BISCAYNE BLUD.					(3.212 3)(8) (8)(8) (8)	NOB1 11 10 BL
Suite, Apt. #, etc. SUITE 401		Suite, Apt. #, etc. SUITE 3900			01232008	Chg-P	CR2E034 (12/06)	
City & State SOUTH MIAMI, FLORIDA		City & State MI AM I FL			4. FEI Numb		<u> </u>	oplied For of Applicable
Zip	Country	^{Zip} 3313 1	Country A				\$8.75 Add	ditional
33143	6. Name and Address of Current F					7. Name and Address of New Registered Agent		
SPRATT, WILLIAM J JR				Name WILLIAM J. SPRATT, JR.				
	CAYNE BLVD.	Street Address		Address ((P.O. BOX NUMBER AYMEBEVD.			
	33131-2399			S	UITE 390	0		22121
		City	N	/IAMI		FL Zip Cod	33131	
8. 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 Y/28/04								
Signature, typeditix printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND I		11.		ADDITIONS	CHANGES TO OFFICE	RS AND DIRECTOR	
TITLE NAME	SAMOLE, YALE MD			DP SAI	MOLE, YAL	E M., M.D.	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	6200 SW 73RD STREET #210B S. MIAMI, FL 33143					DRIVE, SUITE 401 I, FLORIDA 33143	.	
TITLE	VD	TITLE	DV			Change	Addition	
NAME STREET ADDRESS	SNOW, MATTHEW MD 6200 SW 73RD STREET #210B				OW, MATTI	HEW, M.D. DRIVE, SUITE 401	•	
CITY-ST-ZIP	SO. MIAMI, FL 33143		CITY-ST-ZIP	•				
TITLE NAME	DVST Delete T			DV SILVERSTEIN, BERNARD, M.D.			Change	Addition
STREET ADDRESS	SS 6200 SW 73RD STREET #210A			620	00 SUNSET I	DRIVE, SUITE 401		
CITY-ST-ZIP	MIAMI, FL 33143			DV		I, FLORIDA 33143	Change	Addition
NAME OTREET ARRESSES	ROSENBAUM, ABBE			RO	SENBAUM.	~ ,		
STREET ADDRESS CITY-ST-ZIP	6200 SW 73RD STREET #210A SO. MIAMI, FL 33143		STREET ADDRESS CITY+ST-ZIP			DRIVE, SUITE 401 I, FLORIDA 33143	}	
TITLE	VD	☐ Delete	TITLE	DV		RRY R., M.D.	⊠ Change	☐ Addition
NAME STREET ADDRESS	ALDRICH, HARRY R MD 6200 SW 73RD STREET #210A		NAME STREET ADDRESS	620	00 SUNSET I	DRIVE, SUITE 401		
CITY-ST-ZIP	SO. MIAMI, FL 33143		CITY-ST-ZIP	SO		I, FLORIDA 33143		- Addition
TITLE NAME	DV MAJANO, ROMEO	☐ Delete	TIFLE NAME	MA	AJANO, RON		Change	Addition
STREET ADDRESS CITY-ST-ZIP	, , ,		STREET ADDRESS CITY+ST-ZIP	- 1		DRIVE, SUITE 401 I, FLORIDA 33143	3	
12 I hereby	certify that the information supplied with	this filing does not qualify f	or the exemptions	containe	d in Chanter 11	9 Florida Statutes 1 fut	ther certify that the i	nformation
indicated on this report or supplemental feport 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 trus ee ampowered to effect 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 appears, with all private the empowered.								
1/3/1/8								
SIGNATURE: SIGNATURE: SIGNATURE: District Priors *								