

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90039 035 ***150.00

DOCUMENT # P94000057685					
1. Entity Name CARDIOVASCULAR MEDICINE ASSOCIATES, P.A.					
Principal Place of Business 6200 SW 73RD STREET SUITE 210 MIAMI, FL 33143 US			Mailing Address 200 S BISCAYNE BLVD. 20TH FLOOR MIAMI, FL 33131-2399		
2. Principal Place of Business - No P.O. Box # 6200 SUNSET DRIVE			3. Mailing Address 200 S. BISCAYNE BLVD.		
Suite, Apt. #, etc. SUITE 401			Suite, Apt. #, etc. SUITE 3900		
City & State SOUTH MIAMI, FLORIDA			City & State MIAMI FL		
Zip 33143		Country USA		4. FEI Number 65-0511644	
Zip 33131		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPRATT, WILLIAM J JR 200 S BISCAYNE BLVD. 20TH FLOOR MIAMI, FL 33131-2399			7. Name and Address of New Registered Agent Name: WILLIAM J. SPRATT, JR. Street Address (P.O. Box Number is Not Acceptable): 200 S. BISCAYNE BLVD. SUITE 3900 City: MIAMI FL Zip Code: 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:  DATE: 4/28/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME SAMOLE, YALE MD STREET ADDRESS 6200 SW 73RD STREET #210B CITY-ST-ZIP S. MIAMI, FL 33143	<input type="checkbox"/> Delete		TITLE DV NAME ZWERLING, LEONARD, M.D. STREET ADDRESS 6200 SUNSET DRIVE, SUITE 401 CITY-ST-ZIP SOUTH MIAMI, FLORIDA 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME SNOW, MATTHEW MD STREET ADDRESS 6200 SW 73RD STREET #210B CITY-ST-ZIP SO. MIAMI, FL 33143	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVST NAME SILVERSTEIN, BERNARD STREET ADDRESS 6200 SW 73RD STREET #210A CITY-ST-ZIP MIAMI, FL 33143	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME ROSENBAUM, ABBE STREET ADDRESS 6200 SW 73RD STREET #210A CITY-ST-ZIP SO. MIAMI, FL 33143	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME ALDRICH, HARRY R MD STREET ADDRESS 6200 SW 73RD STREET #210A CITY-ST-ZIP SO. MIAMI, FL 33143	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME MAJANO, ROMEO STREET ADDRESS 6200 SW 73RD STREET, #210B CITY-ST-ZIP MIAMI, FL 33143	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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 live empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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ATTACHMENT

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City & State SOUTH MIAMI, FLORIDA		City & State MIAMI FL		4. FEI Number 65-0511644	
Zip 33143		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPRATT, WILLIAM J JR 200 S BISCAYNE BLVD. 20TH FLOOR MIAMI, FL 33131-2399				7. Name and Address of New Registered Agent Name WILLIAM J. SPRATT, JR. Street Address (P.O. Box Number is Not Applicable) 200 S. BISCAYNE BLVD. SUITE 3900 City MIAMI FL Zip Code 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: DATE: 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAMOLE, YALE MD 6200 SW 73RD STREET #210B S. MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAMOLE, YALE M., M.D. 6200 SUNSET DRIVE, SUITE 401 SOUTH MIAMI, FLORIDA 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SNOW, MATTHEW MD 6200 SW 73RD STREET #210B SO. MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SNOW, MATTHEW, M.D. 6200 SUNSET DRIVE, SUITE 401 SOUTH MIAMI, FLORIDA 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST SILVERSTEIN, BERNARD 6200 SW 73RD STREET #210A MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SILVERSTEIN, BERNARD, M.D. 6200 SUNSET DRIVE, SUITE 401 SOUTH MIAMI, FLORIDA 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSENBAUM, ABBE 6200 SW 73RD STREET #210A SO. MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROSENBAUM, ABBE, M.D. 6200 SUNSET DRIVE, SUITE 401 SOUTH MIAMI, FLORIDA 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALDRICH, HARRY R MD 6200 SW 73RD STREET #210A SO. MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALDRICH, HARRY R., M.D. 6200 SUNSET DRIVE, SUITE 401 SOUTH MIAMI, FLORIDA 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAJANO, ROMEO 6200 SW 73RD STREET, #210B MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAJANO, ROMEO, M.D. 6200 SUNSET DRIVE, SUITE 401 SOUTH MIAMI, FLORIDA 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: DATE: 1/31/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					