

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P94000057685

**FILED**  
**Jul 22, 2008**  
**Secretary of State****Entity Name:** CARDIOVASCULAR MEDICINE ASSOCIATES, P.A.**Current Principal Place of Business:**6200 SW 73RD STREET  
SUITE 210  
MIAMI, FL 33143 US**New Principal Place of Business:**6200 SUNSET DRIVE  
SUITE 410  
SOUTH MIAMI, FL 33143 US**Current Mailing Address:**200 S BISCAYNE BLVD.  
SUITE 3900  
MIAMI, FL 331312399**New Mailing Address:**200 SOUTH BISCAYNE BLVD.  
SUITE 3900  
MIAMI, FL 33131 US**FEI Number:** 65-0511644**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SPRATT, WILLIAM J JR  
200 S BISCAYNE BLVD.  
SUITE 3900  
MIAMI, FL 331312399 US**Name and Address of New Registered Agent:**SPRATT, WILLIAM J JR.  
200 SOUTH BISCAYNE BLVD.  
SUITE 3900  
MIAMI, FL 33131 US

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: WILLIAM J. SPRATT, JR.

07/22/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: ZWERLING, LEONARD M.D.  
Address: 6200 SUNSET DRIVE SUITE 401  
City-St-Zip: MIAMI, FL 33143

Title: VD ( ) Delete  
Name: SNOW, MATTHEW MD  
Address: 6200 SW 73RD STREET #210B  
City-St-Zip: SO. MIAMI, FL 33143

Title: DVST ( ) Delete  
Name: SILVERSTEIN, BERNARD  
Address: 6200 SW 73RD STREET #210A  
City-St-Zip: MIAMI, FL 33143

Title: VD ( ) Delete  
Name: ROSENBAUM, ABBE  
Address: 6200 SW 73RD STREET #210A  
City-St-Zip: SO. MIAMI, FL 33143

Title: VD ( ) Delete  
Name: ALDRICH, HARRY R MD  
Address: 6200 SW 73RD STREET #210A  
City-St-Zip: SO. MIAMI, FL 33143

Title: DV ( ) Delete  
Name: MAJANO, ROMEO  
Address: 6200 SW 73RD STREET, #210B  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DV (X) Change ( ) Addition  
Name: ZWERLING, LEONARD M.D.  
Address: 6200 SUNSET DRIVE SUITE 401  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: PD (X) Change ( ) Addition  
Name: SAMOLE, YALE M M.D.  
Address: 6200 SUNSET DRIVE SUITE 401  
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: DVST (X) Change ( ) Addition  
Name: SILVERSTEIN, BERNARD M.D.  
Address: 6200 SUNSET DRIVE SUITE 401  
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: DV (X) Change ( ) Addition  
Name: ROSENBAUM, ABBE M.D.  
Address: 6200 SUNSET DRIVE SUITE 401  
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: DV (X) Change ( ) Addition  
Name: ALDRICH, HARRY R M.D.  
Address: 6200 SUNSET DRIVE SUITE 401  
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: DV (X) Change ( ) Addition  
Name: MAJANO, ROMEO M.D.  
Address: 6200 SUNSET DRIVE SUITE 401  
City-St-Zip: SOUTH MIAMI, FL 33143 US

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: YALE M. SAMOLE, M.D.

PD

07/22/2008

Electronic Signature of Signing Officer or Director

Date