

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057685

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: CARDIOVASCULAR MEDICINE ASSOCIATES, P.A.

## Current Principal Place of Business:

6200 SUNSET DRIVE  
SUITE 410  
SOUTH MIAMI, FL 33143 US

## Current Mailing Address:

200 SOUTH BISCAYNE BLVD.  
SUITE 3900  
MIAMI, FL 33131 US

## New Principal Place of Business:

6200 SUNSET DRIVE  
SUITE 401  
SOUTH MIAMI, FL 33143 US

## New Mailing Address:

6200 SUNSET DRIVE  
SUITE 401  
SOUTH MIAMI, FL 33143 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 SOUTH BISCAYNE BLVD.  
SUITE 3900  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: PATRICIA TADLOCK, ASST. SECRETARY

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

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

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

## 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 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HARRY R. ALDRICH, M.D.

DV

04/08/2009

Electronic Signature of Signing Officer or Director

Date