

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057685

FILED
Mar 24, 2011
Secretary of State

Entity Name: CARDIOVASCULAR MEDICINE ASSOCIATES, P.A.

Current Principal Place of Business:

6200 SUNSET DRIVE
SUITE 401
SOUTH MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

6200 SUNSET DRIVE
SUITE 401
SOUTH MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 65-0511644 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: DV
Name: CUELLO, JORGE L M.D.
Address: 6200 SUNSET DRIVE SUITE 401
City-St-Zip: SOUTH MIAMI, FL 33143 US

I hereby 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 all other like empowered.

SIGNATURE: HARRY R. ALDRICH, M.D.

DV

03/24/2011

Electronic Signature of Signing Officer or Director

Date

03-19-11 02:11 PM FROM: AKERMAN SENTERFITT

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P94000057685

PAGE 2 to 2011 ANNUAL REPORT FOR
CARDIOVASCULAR MEDICINE ASSOCIATES, P.A.
Document Number: P94000057685

Additional Officer/Director Detail

Title DV

ALMANZA, ORLANDO V., M.D.
6200 SUNSET DRIVE, SUITE 401
SOUTH MIAMI, FL 33143 US

3/24/11