


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000040317 1. Entity Name SOUTH BROWARD CARDIOLOGY CONSULTANTS, P.A.	
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Principal Place of Business 1150 N 35 AVENUE SUITE 610 HOLLYWOOD, FL 33021 US	Mailing Address 1150 N 35 AVENUE SUITE 610 HOLLYWOOD, FL 33021 US
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0587395	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BERLIN, HOWARD 1150 N 35TH AVE #600-605 HOLLYWOOD, FL 33021	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000062585 02/23/04-80127-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEARL, FRANK MD 1150 N. 35TH AVE, #605 HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAIR, BERNARD MD 1150 N 35TH AVE, #605 HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ENTENBERG, MICHAEL MD 1150 N. 35TH AVE, #605 HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAREK, MICHAEL MD 1150 N. 35TH AVE, #605 HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALTER, BARRY MD 1150 N. 35TH AVE, #605 HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIEV, ETHAN 1150 N., 35TH AVE, #605 HOLLYWOOD, FL

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/18/04 Date	954-921-7331 Daytime Phone #
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