2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000040317

Entity Name: SOUTH BROWARD CARDIOLOGY CONSULTANTS, P.A.

FILED Feb 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1150 N 35 AVENUE SUITE 610

HOLLYWOOD, FL 33021 US

Current Mailing Address: New Mailing Address:

1150 N 35 AVENUE SUITE 610

HOLLYWOOD, FL 33021 US

FEI Number: 65-0587395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BERLIN, HOWARD 1150 N 35TH AVE #600-605

#600-605 #600-605 HOLLYWOOD, FL 33021 US HOLLYWOOD, FL 33021 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

BERLIN, HOWARD MD 1150 N 35TH AVE

in the State of Florida.

SIGNATURE: HOWARD BERLIN MD 02/15/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: DR (X) Change () Addition

 Name:
 SHAIR, BERNARD MD
 Name:
 SHAIR, BERNARD MD

 Address:
 1150 N 35TH AVE, #605
 Address:
 1150 N 35TH AVE, #605

 City-St-Zip:
 HOLLYWOOD, FL
 City-St-Zip:
 HOLLYWOOD, FL

I hereby certify that the information supplied with this filing does not qualify for the 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: HOWARD BERLIN MD DR 02/15/2007