

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000070066

FILED  
Jul 15, 2004  
Secretary of State

Entity Name: MIAMI CARDIOVASCULAR GROUP, P.A.

## Current Principal Place of Business:

7500 SW 8TH ST  
SUITE 203  
MIAMI, FL 33144 US

## Current Mailing Address:

PO BOX 001260  
SUITE 701  
MIAMI, FL 33144 US

## New Principal Place of Business:

9100 S. DADELAND BLVD.  
SUITE 1250  
MIAMI, FL 33156 US

## New Mailing Address:

9100 S. DADELAND BLVD.  
SUITE 1250  
MIAMI, FL 33156 US

FEI Number: 65-0677925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOPEZ FERDANDEZ, ORLANDO  
7500 SW 8TH STREET  
SUITE 203  
MIAMI, FL 33144 US

## Name and Address of New Registered Agent:

LOPEZ FERDANDEZ, ORLANDO  
9100 S. DADELAND BLVD.  
SUITE 1250  
MIAMI, FL 33156 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:

07/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LOPEZ-FERNANDEZ, JR., ORLANDO M.D.  
Address: 7500 S.W. 8TH STREET, SUITE 203  
City-St-Zip: MIAMI, FL 33144

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: LOPEZ-FERNANDEZ, JR., ORLANDO M.D.  
Address: 9100 S. DADELAND BLVD., SUITE 1250  
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ORLANDO LOPEZ-FERNANDEZ, M.D.

DP

07/15/2004

Electronic Signature of Signing Officer or Director

Date