2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000093506

Entity Name: MIAMI CARDIOVASCULAR ASSOCIATES, P.A.

FILED Jan 20, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8950 N KENDALL DR SUITE 601 MIAMI, FL 33176 **New Mailing Address: Current Mailing Address:** 8950 N KENDALL DR SUITE 601 MIAMI, FL 33176 FEI Number: 65-0622565 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COEL, MARK A ESQ. SEIGEL, PAUL ESQ 8950 N KENDALL DRIVE 621 NW 53RD ST SUITE 420 SUITE 601 MIAMI, FL 33176 US BOCA RATON, FL 334870000 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: PAUL H. SEIGEL, MD 01/20/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition Title: () Delete Title: SCHRAGER, BERNARD SCHRAGER, BERNARD MD Name: Name: 8950 N KENDALL DR #601 8950 N KENDALL DR #601 Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33176 Title: PD Title: () Delete (X) Change () Addition PAUL H SEIGEL, MD Name: Name: SEIGEL. PAUL H MD 8950 N KENDALL DR #601 8950 N KENDALL DR #601 Address: Address: MIAMI, FL 33176 MIAMI, FL 33176 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BLACHER, LAWRENCE MD Name: Name: 8950 N KENDALL DR #601 Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: () Delete Title: Title: (X) Change () Addition HAMBURG, CURTIS MD HAMBURG, CURTIS MD Name: Name: Address: 8950 N. KENDALL DR. STE 606 Address: 8950 N. KENDALL DR. STE 601 City-St-Zip: City-St-Zip: MIAMI, FL 33176 MIAMI, FL 33176 Title: Title: () Delete () Change () Addition ROBERTS, JONATHON S MD Name: Name: 8950 N KENDALL DR #601 Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PAUL H SEIGEL, MD PD 01/20/2005

() Delete

8990 N. KENDALL DRIVE # 601

MORYTKO, JOHN

MIAMI, FL 33176

Title:

Name:

Address:

City-St-Zip:

(X) Change () Addition

MORYTKO, JOHN MD

MIAMI, FL 33176

8950 N. KENDALL DRIVE # 601