2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000093506

1. Entity Name
MIAMI CARDIOVASCULAR ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
8950 N KENDALL DR SUITE 601 MIAMI, FL 33176 US	8950 N KENDALL DR SUITE 601 MIAMI, FL 33176 US

01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0622565
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEIGEL, PAUL ESQ.
8950 N KENDALL DRIVE
SUITE 601
MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHRAGER, BERNARD MD
STREET ADDRESS	8950 N KENDALL DR #601
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	PD
NAME	SEIGEL, PAUL H MD
STREET ADDRESS	8950 N KENDALL DR #601
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	TD
NAME	BLACHER, LAWRENCE MD
STREET ADDRESS	8950 N KENDALL DR #601
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	HAMBURG, CURTIS MD
STREET ADDRESS	8950 N. KENDALL DR. STE 601
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	ROBERTS, JONATHON S MD
STREET ADDRESS	8950 N KENDALL DR #601
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	MORYTKO, JOHN MD
STREET ADDRESS	8950 N. KENDALL DRIVE # 601
CITY-ST-ZIP	MIAMI, FL 33176

U00000398809
01/31/06-80012-014 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 1-18-06 305-279-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #