



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P95000093506</b> 1. Entity Name MIAMI CARDIOVASCULAR ASSOCIATES, P.A.	
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Principal Place of Business 8950 N KENDALL DR SUITE 601 MIAMI, FL 33176 US	Mailing Address 8950 N KENDALL DR SUITE 601 MIAMI, FL 33176 US
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**DO NOT WRITE IN THIS SPACE**



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0622565	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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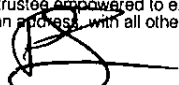
10. OFFICERS AND DIRECTORS

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

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04/02/08-80040-020 150.00

**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:**  **Paul Seigel** **3/13/08** **279-4500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #