

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000093506

FILED
Apr 15, 2009
Secretary of State

Entity Name: MIAMI CARDIOVASCULAR ASSOCIATES, P.A.

Current Principal Place of Business:

8950 N KENDALL DR
SUITE 601
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

8950 N KENDALL DR
SUITE 601
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 65-0622565 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHRAGER, BERNARD MD
Address: 8950 N KENDALL DR #601
City-St-Zip: MIAMI, FL 33176

Title: PD () Delete
Name: SEIGEL, PAUL H MD
Address: 8950 N KENDALL DR #601
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: BLACHER, LAWRENCE MD
Address: 8950 N KENDALL DR #601
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: HAMBURG, CURTIS MD
Address: 8950 N. KENDALL DR. STE 601
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: ROBERTS, JONATHON S MD
Address: 8950 N KENDALL DR #601
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: MORYTKO, JOHN MD
Address: 8950 N. KENDALL DRIVE # 601
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PAUL SEIGEL

P

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date