2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# P95000093506

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 MD
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PAUL SEIGEL PRES 02/18/2011

Electronic Signature of Signing Officer or Director Date