

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000093506

FILED  
Mar 19, 2012  
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 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

P

03/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date