2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000093553

1. Entity Name
SOUTH FLORIDA CARDIOLOGY GROUP, INC.

Principal Place of Business	Mailing Address
1100 SW 57 AVE SUITE 202 MIAMI, FL 33144	7700 N KENDALL DR 405 MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0859616
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEITMAN, LORN
7700 N KENDALL DR
SUITE 405
MIAMI, FL 33156

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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, type 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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARQUEZ, ANTONIO MD
STREET ADDRESS	1100 SW 57 AVE #202
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	D
NAME	PASTORIZA, JORGE MD
STREET ADDRESS	9193 S.W. 72ND STREET
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	D
NAME	CORTES, JOAQUIN MD
STREET ADDRESS	434 SW 12TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	GARCIA, HUGO MD
STREET ADDRESS	9193 S.W. 72ND STREET
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	D
NAME	FERNANDEZ, PEDRO M.D.
STREET ADDRESS	434 S.W. 12TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/11/05-80019-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: A Marquez 3-03-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #