

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000070744

FILED
Mar 11, 2005
Secretary of State

Entity Name: MIAMI INTERNATIONAL CARDIOLOGY CONSULTANTS, INC.

Current Principal Place of Business:

10720 CARIBBEAN BLVD #420
MIAMI, FL 33189

New Principal Place of Business:

Current Mailing Address:

10720 CARIBBEAN BLVD #420
MIAMI, FL 33189 US

New Mailing Address:

FEI Number: 65-0691863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COY, PERRIN
10720 CARIBBEAN BLVD #420
MIAMI, FL 33189 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: VD () Delete
Name: CONCEPCION, GIL
Address: 9085 SW 87 AVE #205
City-St-Zip: MIAMI, FL 33176

Title: PD () Delete
Name: COY, KEVIN
Address: 4701 MERIDIAN AVE, STE 7450A
City-St-Zip: MIAMI BEACH, FL 33140

Title: S () Delete
Name: BAZZI, ALI
Address: 2627 NE 203 ST #208
City-St-Zip: MIAMI, FL 33180

Title: T () Delete
Name: TOTO, ANDREW
Address: 601 N. FLAMINGO RD #407
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: MARGOLIS, JAMES
Address: 4701 MERIDIAN AVE STE 440
City-St-Zip: MIAMI, FL 33140

Title: D () Delete
Name: BERGER, RICHARD
Address: 4701 MERIDIAN AVE., STE 440
City-St-Zip: MIAMI BEACH, FL 33140

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 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 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: KEVIN COY

PD

03/11/2005

Electronic Signature of Signing Officer or Director

Date