## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2006 8:00 am Secretary of State

30<u>5-571-062</u>0

4-17-06

DOCUMENT # P96000070744  1. Entity Name MIAMI INTERNATIONAL CARDIOLOGY CONSULTANTS, INC.							04-19-20	06 90110 0	)19 ***15	8.75
Principal Place of Business Mailing Address										
10720 CARIE MIAMI, FL 33	BBEAN BLVD #420 3189		10720 CARIBBEAN BLVD #420 Miami, Fl 33189 US					50	01388	2
2. Principal Place of Business 3801 BISCAYNE BLVD 3. Mailing Address 3801 BISCAYN				IE B	= BLVO					
Suite, Apt.	#, etc. T.E. 300	Suite, Apt. #, etc.	300			1062006	Chg-P	CR2E	034 (11/05)	
City & State	•	City & State MIAMI	FLOI	RIDA	4.	FEI Number 65-0691			<del></del>	oplied For ot Applicable
3313	7 Country U.S.A	33/37	Coun	s'A	5.	Certificate o	of Status Desire	ed 🔼	\$8.75 Add	
	6. Name and Address of Current R	egistered Agent	-	Mana	7.	Name and A	Address of Ne	w Registered	Agent	
COY, PERRIN				Name						
10720 CARIBBEAN BLVD #420 MIAMI, FL 33189				Street Address (P.O. Box Number is Not Acceptable)						
				STE 300						
,				City MIAMI   FL   Zip Code; 37						
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
· **	Signature, typed or printed name of registered agent an	d title if applicable. (NC	OTE: Registere	d Agent signati.	re required when	reinstating)		DATE		
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Camp Trust Fund Co		ncing 🔲	<b>\$5.00</b> Added to	May Be Fees				
10.	OFFICERS AND D	<del></del>	11.		Αl	ODITIONS/C	CHANGES TO	OFFICERS AN		
TITLE NAME	VD CONCEPCION, GIL	☐ Delete	TITLE NAM			_			Change —	☐ Addition
STREET ADDRESS CITY-ST-ZIP	9085 SW 87 AVE #205 MIAMI, FL 33176			et address -st-zip	3801 MIAM	BISC.	AYNE L 33	BLUD,	STE:	300
TITLE	PD .	☐ Delete	TITLE		•	7		•	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	COY, KEVIN 4701 MERIDIAN AVE, STE 7450A MIAMI BEACH, FL 33140			e et address -st-zip	3801 M/A	BISC mi	AYNE FL 33	OLVD,	STE.	300
TITLE	S	☐ Delete	TITU	i		J-1-,1		. + ,	Change	Addition
NAME	BAZZI, ALI 2627 NE 203 ST #208		NAM STRE	e et address						
CITY-ST-ZIP	MIAMI, FL 33180		CITY	· ST · ZIP						
TITLE NAME	T TOTO, ANDREW	☐ Delete	TITLI NAM						☐ Change	Addition
STREET ADDRESS	601 N. FLAMINGO RD #407			ET ADDRESS						
CITY-ST-ZIP	PEMBROKE PINES, FL 33028			-ST-ZIP						
TITLE NAME	D MARGOLIS, JAMES	☐ Delete	TITU					4.	Change	Addition
STREET ADDRESS CITY-ST-ZIP	4701 MERIDIAN AVE STE 440 MIAMI, FL 33140			ET ADDRESS • ST- ZIP	380	BISI Ami	CAYNE	BLVD, 3313	SIた つ	300
TITLE	D	☐ Delete	TITL		,,,,	,	, · , <u>, , , , , , , , , , , , , , , , ,</u>		Change	Addition
NAME STREET ADDRESS	BERGER, RICHARD 4701 MERIDIAN AVE., STE 440		NAM STRE	e Et adoress	3801	Rica	AYNE	BLVI	O STE	300
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY	·ST-ZIP	/	MIAM	i FI	3313°	2′	
12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained 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 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 encovered 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 appears in all other like empowered.										

KEVIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_