2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# P96000070744

Entity Name: SOUTH FLORIDA INTERNATIONAL CARDIOLOGY CONSULTANTS, INC.

Current Principal Place of Business:

3801 BISCAYNE BLVD STE 300
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

3801 BISCAYNE BLVD STE 300
MIAMI, FL 33137 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
3801 BISCAYNE BLVD STE 300
MIAMI, FL 33137 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: 3801 BISCAYNE BLVD STE 300
City-St-Zip: MIAMI, FL 33137

Title: PD ( ) Delete
Name: COY, KEVIN
Address: 3801 BISCAYNE BLVD STE 300
City-St-Zip: MIAMI, FL 33137

Title: S ( ) Delete
Name: BAZZI, ALI
Address: 21097 NE 27 CT, STE 100
City-St-Zip: AVENTURA, 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: 3801 BISCAYNE BLVD STE 300
City-St-Zip: MIAMI, FL 33137

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 04/03/2009

Electronic Signature of Signing Officer or Director Date