


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P96000073458</b> 1. Entity Name <b>BAPTIST ECHOCARDIOGRAPHY ASSOCIATES, INC.</b>	
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Principal Place of Business <b>8900 NORTH KENDALL DRIVE MIAMI, FL 33176</b>	Mailing Address <b>8900 NORTH KENDALL DRIVE MIAMI, FL 33176</b>
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**DO NOT WRITE IN THIS SPACE**



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0692297</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**COEL, MARK A ESQ  
ONE LINCOLN PLACE  
1900 GLADES ROAD, SUITE 350  
BOCA RATON, FL 33431-0000**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000910034 05/06/08-80092-024 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>HAMBURG, CURTIS M.D.</b> <b>8900 N KENDALL DRIVE MIAMI, FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>FIALKOW, JONATHAN M.D.</b> <b>8900 N KENDALL DRIVE MIAMI, FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>CUTLER, EDWARD M.D.</b> <b>8900 N KENDALL DRIVE MIAMI, FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>OZNER, MICHAEL MD</b> <b>8900 N KENDALL DR MIAMI, FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:** Curtis Hamburg **04-17-08** **305/235-9098**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #