

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000102319

FILED
Apr 28, 2011
Secretary of State

Entity Name: CARDIOLOGY ASSOCIATES OF NORTH MIAMI BEACH, P.A.

Current Principal Place of Business:

18260 NE 19TH AVE.
#201
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

18260 NE 19TH AVE.
#201
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-0713782 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

REINFELD, HOWARD M.D.
18260 NE 19TH AVE.
#201
NORTH MIAMI BEACH, FL 33162 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

OFFICERS AND DIRECTORS:

Title: PPTS
Name: REINFELD, HOWARD
Address: 18260 NE 19TH AVE. #201
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D
Name: REINFELD, HOWARD
Address: 18260 NE 19TH AVE. #201
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby 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 all other like empowered.

SIGNATURE: HOWARD REINFELD

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04/28/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date