2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2008
Secretary of State

DOCUMENT# P97000036720

Entity Name: CARDIOVASCULAR RESEARCH CENTER OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

7400 SW 87TH AVE., SUITE 100
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

C/O BRUCE JAY TOLAND, P.A.
80 S.W. 8TH STREET, SUITE 2805
MIAMI, FL 33130

New Mailing Address:

FEI Number: 65-0753665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOLAND, BRUCE JAY P.A.
80 SW 8TH ST., SUITE 2805
MIAMI, FL 33130 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LLORET, RAMON L M.D.
Address: 7400 SW 87TH AVE, SUITE 100
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete
Name: FIALKOW, JONATHAN A M.D.
Address: 7400 SW 87TH AVE, SUITE 100
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete
Name: GOMEZ, ALVARO A M.D.
Address: 7400 SW 87TH AVE. SUITE 100
City-St-Zip: MIAMI, FL 33173

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:

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: RAMON LLORET D 09/12/2008

Electronic Signature of Signing Officer or Director Date