

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000036720

FILED
Apr 26, 2012
Secretary of State

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

OFFICERS AND DIRECTORS:

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

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

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

Title: D
Name: LEMBCKE, KARL H
Address: 7400 SW 87TH AVE. SUITE 100
City-St-Zip: MAIMI, FL 33173

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: RAMON LLORET

DIR.

04/26/2012

Electronic Signature of Signing Officer or Director

Date