

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000048372

FILED
Oct 31, 2008
Secretary of State**Entity Name:** FLORIDA INSTITUTE FOR CARDIOVASCULAR CARE, P.A.**Current Principal Place of Business:**3702 WASHINGTON STREET S-305
HOLLYWOOD, FL 33021**New Principal Place of Business:****Current Mailing Address:**3702 WASHINGTON STREET S-305
HOLLYWOOD, FL 33021**New Mailing Address:****FEI Number:** 65-0758756**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SPILLER, DENNIS M D.O.
3702 WASHINGTON ST
STE 300
HOLLYWOOD, FL 33021 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 () Delete
Name: SPILLER, DENNIS M D.O.
Address: 3702 WASHINGTON ST S305
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: IBRAHIM, BASSEL M.D.
Address: 3702 WASHINGTON ST S305
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: SOFFER, ARIEL M.D.
Address: 3702 WASHINGTON ST S305
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: BRIAN, POLNER M.D.
Address: 3702 WASHINGTON STREET SUITE 305
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: YALE, COHEN
Address: 3702 WASHINGTON STREET SUITE 305
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: TALLEY, JULIO
Address: 3702 WASHINGTON STREET, SUITE 305
City-St-Zip: HOLLYWOOD, FL 330218287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LINZER, DOV
Address: 3702 WASHINGTON ST S305
City-St-Zip: HOLLYWOOD, FL 33021

Title: PRES (X) Change () Addition
Name: BRIAN, POLNER M.D.
Address: 3702 WASHINGTON STREET SUITE 305
City-St-Zip: HOLLYWOOD, FL 33021

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: BRIAN POLNER

PRES

10/31/2008

Electronic Signature of Signing Officer or Director

Date