

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000048372

FILED
Jan 06, 2010
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:

2905 NORTH COMMERCE PARKWAY
MIRAMAR, FL 33025

Current Mailing Address:

3702 WASHINGTON STREET S-305
HOLLYWOOD, FL 33021

New Mailing Address:

2905 NORTH COMMERCE PARKWAY
MIRAMAR, FL 33025

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:

POLNER, BRIAN M.D.
2905 NORTH COMMERCE PARKWAY
MIRAMAR, FL 33025 US

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: BRIAN POLNER

01/06/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D
Name: SPILLER, DENNIS M D.O.
Address: 3702 WASHINGTON ST S305
City-St-Zip: HOLLYWOOD, FL 33021

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

Title: D
Name: LINZER, DOV M.D.
Address: 3702 WASHINGTON ST S305
City-St-Zip: HOLLYWOOD, FL 33021

Title: PRES
Name: BRIAN, POLNER M.D.
Address: 2905 NORTH COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025

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

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

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: BRIAN POLNER

PRES

01/06/2010

Electronic Signature of Signing Officer or Director

Date