

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 09, 2012
Secretary of State

Entity Name: FLORIDA INSTITUTE FOR CARDIOVASCULAR CARE, P.A.

Current Principal Place of Business:

2905 NORTH COMMERCE PARKWAY
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

2905 NORTH COMMERCE PARKWAY
MIRAMAR, FL 33025

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:

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

D

01/09/2012

Electronic Signature of Signing Officer or Director

Date