2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT-#-P97000068129

1. Entity Name

CARDIOCARE OF SOUTH FLORIDA, P.A.



Principal Place of Business

21110 BISCAYNE BLVD., STE. 208 AVENTURA, FL 33180

Mailing Address

21110 BISCAYNE BLVD., STE. 208 AVENTURA, FL 33180

FILED Feb 23, 2007 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

02152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0772559

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEMPKINS, HARRY P.A. **420 LINCOLN ROAD** MIAMI BEACH, FL 33139

SIGNATURE: .

SIGNATURE AND TYPED OR F

DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registere	id Agent signature requ	uired when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing _ \$	5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIVACK, ERIC M MD 21110 BISCAYNE BLVD SUITE 208 AVENTURA, FL 33180					
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	certify that the information supplied with this fit on this report or supplemental report is true a reportation or the receiver or trustee empowered, or on an attachment with an address, with all		emptions contain ture shall have the fred by Chapter	ned in Chapter 1 he same legal effo 607, Florida Statu	19, Florida Statutes I further certify that the informatic ect as if made under cath; that I am an officer or directes; and that my name appears in Block 10 or Block 1	n or 1 if

8. 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. I am familiar with, and accept