


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000075499 1. Entity Name USARRHYTHMIA OF FLORIDA, INC.	
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Principal Place of Business
THE JIM MORAN HEART-VASC. CTR, STE 502
4725 N. FEDERAL HWY
FORT LAUDERDALE, FL 33308

Mailing Address
THE JIM MORAN HEART-VASC. CTR, STE 502
4725 N. FEDERAL HWY
FORT LAUDERDALE, FL 33308 US

DO NOT WRITE IN THIS SPACE



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2339159	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STALLINGS, DEBBIE
THE JIM MORAN HEART-VASC. CTR, STE 502
4725 N. FEDERAL HWY
FT. LAUDERDALE, FL 33308

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IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LUCERI, RICHARD M MD
STREET ADDRESS	2366 NE 28TH STREET
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064

TITLE	VPT
NAME	WEISS, DANIEL N M.D.
STREET ADDRESS	7839 CUMMINGS LANE
CITY-ST-ZIP	BOCA RATON, FL 33433

TITLE	VPS
NAME	ZILO, PHILIP M.D.
STREET ADDRESS	10231 NW 3RD PLACE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/25/06-80019-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-06

Date Daytime Phone #