2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 22, 2007
Secretary of State

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Entity Name: USARRHYTHMIA OF FLORIDA, INC.

Current Principal Place of Business:

THE JIM MORAN HEART~VASC. CTR, STE 502
4725 N. FEDERAL HWY
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 58-2339159 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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 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: P ( ) Delete
Name: LUCERI, RICHARD M MD
Address: 2366 NE 28TH STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: VPT ( ) Delete
Name: WEISS, DANIEL N M.D.
Address: 7839 CUMMINGS LANE
City-St-Zip: BOCA RATON, FL 33433

Title: VPS (X) Delete
Name: ZILO, PHILIP M.D.
Address: 10231 NW 3RD PLACE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: ZILO, PHILIP M.D.
Address: 1100 SE 5TH COURT
City-St-Zip: POMPANO BEACH, FL 33060

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: PHILIP ZILO, MD PRES 10/22/2007

Electronic Signature of Signing Officer or Director — Date