

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90049 005 ***150.00

DOCUMENT # P97000075499

1. Entity Name
USARRHYTHMIA OF FLORIDA, INC.



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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

58-2339159

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Philip Zilo**

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Philip Zilo

4/14/08

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **ZILO, PHILIP M.D.**
STREET ADDRESS **1100 SE 5TH COURT**
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6454 Brava Way**
CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

4/14/08