

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000075499

FILED  
Mar 25, 2009  
Secretary of State

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:

PHILIP, ZILO  
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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

Title: VPT (X) Delete  
Name: WEISS, DANIEL MD  
Address: 6454 BRAVE WAY  
City-St-Zip: BOCA RATON, FL 33433

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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, M.D.

PS

03/25/2009

Electronic Signature of Signing Officer or Director

Date