2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2011
Secretary of State

DOCUMENT# P98000040173

Entity Name: FLORIDA HEART & VASCULAR MULTI SPECIALTY GROUP, P.A.

Current Principal Place of Business:

511 MEDICAL PLAZA DR #101
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

511 MEDICAL PLAZA DR #101
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-3516436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEW, DAVID C
511 MEDICAL PLAZA DR STE 101
LEESBURG, FL 34748 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: D
Name: LEW, DAVID C
Address: 511 MEDICAL PLAZA DR., STE. 101
City-St-Zip: LEESBURG, FL 34748

Title: D
Name: ROSADO, JOSE R
Address: 511 MEDICAL PLAZA DR., STE. 101
City-St-Zip: LEESBURG, FL 34748

Title: ADM
Name: LEW, JUNE
Address: 511 MEDICAL PLAZA DRIVE
City-St-Zip: LEESBURG, FL 34748

I hereby 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 all other like empowered.

SIGNATURE: JUNE LEW ADM 02/23/2011

Electronic Signature of Signing Officer or Director — Date