FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 MAY -1 AM 10: 32

DOCUMENT # S32275 (7)

1\. Corporate Name

MIAMI INTERVENTIONAL CARDIOLOGY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
C/O MIAMI HEART INSTITUTE 4701 MERIDIAN AVE MIAMI BCH FL 33140	C/O MIAMI HEART INSTITUTE 4701 MERIDIAN AVE MIAMI BCH FL 33140

DO NOT WRITE IN THIS SPACE

3\. Date Incorporated or Qualified: 02/18/1991

3a. Date of Last Report: 03/03/1994

4\. FEI Number: 65-0248566 — Applied For / Not Applicable

2\. Principal Place of Business 21 / 22 Suite, Apt. # etc. / 23 City & State / 24 Zip / 25 Country

2a. Mailing Address 26 / 27 Suite, Apt. # etc. / 28 City & State / 29 Zip / 30 Country

5\. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6\. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8\. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [✓] No

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE
STE 700
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11\. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1) TITLE	[ ] Change [ ] Addition
NAME	MARGOLIS, JAMES R.	1) NAME	
STREET ADDRESS	4701 MERIDIAN AVE	1) STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	1) CITY-ST-ZIP	
TITLE		2) TITLE	[ ] Change [ ] Addition
NAME		2) NAME	
STREET ADDRESS		2) STREET ADDRESS	
CITY-ST-ZIP		2) CITY-ST-ZIP	
TITLE		3) TITLE	[ ] Change [ ] Addition
NAME		3) NAME	
STREET ADDRESS		3) STREET ADDRESS	
CITY-ST-ZIP		3) CITY-ST-ZIP	
TITLE		4) TITLE	[ ] Change [ ] Addition
NAME		4) NAME	
STREET ADDRESS		4) STREET ADDRESS	
CITY-ST-ZIP		4) CITY-ST-ZIP	
TITLE		5) TITLE	[ ] Change [ ] Addition
NAME		5) NAME	
STREET ADDRESS		5) STREET ADDRESS	
CITY-ST-ZIP		5) CITY-ST-ZIP	
TITLE		6) TITLE	[ ] Change [ ] Addition
NAME		6) NAME	
STREET ADDRESS		6) STREET ADDRESS	
CITY-ST-ZIP		6) CITY-ST-ZIP	

14\. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/24/95 (305)674-3117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone

0149040 CP