

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S62936

FILED
Apr 09, 2007
Secretary of State

Entity Name: SOUTH FLORIDA CARDIOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

290 NW 165TH ST
STE P230
MIAMI, FL 33169 US

New Principal Place of Business:

290 NW 165TH ST
STE P250
MIAMI, FL 33169 US

Current Mailing Address:

C/O MARC H. AUERBACH, ESQ.
201 S. BISCAYNE BLVD., #2000
MIAMI, FL 33131 US

New Mailing Address:

290 NW 165 ST.
P250
MIAMI, FL 33169 US

FEI Number: 65-0270114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AUERBACH, MARC H
201 S. BISCAYNE BLVD.
STE. 2000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

WELBER, ERIC SFCA
290 NW 165 ST.
#P250
MIAMI, FL 33139 US

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: ERIC WELBER

04/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCHNUR, STEVEN
Address: 290 NW 165TH STREET, #P250
City-St-Zip: MIAMI, FL 33169

Title: DV () Delete
Name: ABELLA, MANUEL
Address: 290 NW 165TH ST STE P250
City-St-Zip: MIAMI, FL 33169

Title: DVP () Delete
Name: KRISCHMAR, PERRY
Address: 290 NW 165TH STREET, #P250
City-St-Zip: MIAMI, FL 33169

Title: DT () Delete
Name: FERNANDEZ, LOUIS
Address: 290 NW 165TH STREET, #P250
City-St-Zip: MIAMI, FL 33169

Title: DS () Delete
Name: HURWIT, HANDRE
Address: 290 NW 165TH STREET, #P250
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: STEVEN SCHNUR

DP

04/09/2007

Electronic Signature of Signing Officer or Director

Date