

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V30259

FILED
Apr 11, 2008
Secretary of State

Entity Name: PALM BEACH CARDIOLOGY CENTER, INC.

Current Principal Place of Business:

3370 BURNS ROAD
SUITE 205
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

3370 BURNS ROAD
SUITE 205
PALM BEACH GARDENS, FL 33410 US

FEI Number: 65-0320253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

3365 BURNS ROAD
SUITE 101
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

3365 BURNS ROAD
SUITE 101
PALM BEACH GARDENS, FL 33410 US

Name and Address of Current Registered Agent:

MOSTEL, EDWARD
3370 BURNS ROAD
SUITE 205
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

MOSTEL, EDWARD
3365 BURNS ROAD
SUITE 101
PALM BEACH GARDENS, FL 33410 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:

04/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: MOSTEL, EDWARD
Address: 3370 BURNS ROAD, SUITE 205
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: V () Delete
Name: SEIN, HTWE HTWE
Address: 3370 BURNS RD., STE. 205
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: MOSTEL, EDWARD
Address: 3365 BURNS ROAD, SUITE 205
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: V (X) Change () Addition
Name: SEIN, HTWE HTWE
Address: 3365 BURNS RD., STE. 205
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: EDWARD MOSTEL

PS

04/11/2008

Electronic Signature of Signing Officer or Director

Date