

# 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

## 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

FEI Number: 65-0320253

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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