

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V30259

FILED
Mar 22, 2009
Secretary of State

Entity Name: PALM BEACH CARDIOLOGY CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
3365 BURNS ROAD
SUITE 101
PALM BEACH GARDENS, FL 33410 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: MOSTEL, EDWARD
Address: 3365 BURNS ROAD, SUITE 101
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: V (X) Change () Addition
Name: SEIN, HTWE HTWE
Address: 3365 BURNS RD., STE. 101
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: T () Change (X) Addition
Name: KESSEL, STEVEN
Address: 3365 BURNS RD. STE 101
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

03/22/2009

Electronic Signature of Signing Officer or Director

_____ Date