2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2005
Secretary of State

DOCUMENT# V51213

Entity Name: SOUTH FLORIDA CARDIOVASCULAR SURGICAL ASSOCIATES, P.A.

Current Principal Place of Business:

3001 NW 49TH AVE
SUITE 301-304
LAUDERDALE LAKES, FL 33313

New Principal Place of Business:

3001 NW 49TH AVE
SUITE 104
LAUDERDALE LAKES, FL 33313

Current Mailing Address:

3001 NW 49TH AVE
SUITE 301-304
LAUDERDALE LAKES, FL 33313

New Mailing Address:

3001 NW 49TH AVE
SUITE 104
LAUDERDALE LAKES, FL 33313

FEI Number: 65-0343540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BREZING, RICHARD A
3001 N.W. 49TH AVENUE
SUITE 104
LAUDERDALE LAKES, FL 33313 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: P ( ) Delete
Name: BREZING, RICHARD A
Address: 3001 NW 49TH AVE
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: D ( ) Delete
Name: ROBERTS, HAROLD MD,
Address: 3001 NW 49TH AVE
City-St-Zip: LAUDERDALE LKS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: ROBERTS, HAROLD G M.D.
Address: 3001 NW 49TH AVE
City-St-Zip: LAUDERDALE LKS, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD A. BREZING MD 01/17/2005

Electronic Signature of Signing Officer or Director — Date