

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 455991

Entity Name: CLINE CARDIOVASCULAR ASSOCIATES, P.A.

Current Principal Place of Business:

5601 N DIXIE HWY
209
FORT LAUDERDALE, FL 33334

Current Mailing Address:

5601 N DIXIE HWY
209
FORT LAUDERDALE, FL 33334

FEI Number: 59-1543384

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLINE,ROBERT E. M.D.
5601 N DIXIE HWY
209
FORT LAUDERDALE, FL 33334 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PDT
Name CLINE, ROBERT EM.D.
Address 5601 N. DIXIE HIGHWAY, #209
City-State-Zip: FORT LAUDERDALE FL 33334

I hereby 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 all other like empowered.

SIGNATURE: ROBERT E CLINE

P

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date