

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000069862

**FILED**  
**Jan 18, 2013**  
**Secretary of State**  
**CC9768645572**

**Entity Name:** MIAMI HEART CENTER, INC.

**Current Principal Place of Business:**

1990 S.W. 27TH AVENUE  
SECOND FLOOR  
MIAMI, FL 33145

**Current Mailing Address:**

1990 S.W. 27TH AVENUE  
SECOND FLOOR  
MIAMI, FL 33145

**FEI Number:** 65-0856031

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CUETO, JORGE LESQ.  
1990 S.W. 27TH AVENUE  
THIRD FLOOR  
MIAMI, FL 33145 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 PD  
Name CUETO, JUAN CMD  
Address 1990 S.W. 27TH AVENUE, 2ND FLOOR  
City-State-Zip: MIAMI FL 33145

Title V  
Name CUETO, JACQUELINE  
Address 1990 S.W. 27TH AVENUE, 2ND FLOOR  
City-State-Zip: MIAMI FL 33145

Title ST  
Name CUETO, RINA  
Address 1990 S.W. 27TH AVENUE, 2ND FLOOR  
City-State-Zip: MIAMI FL 33145

*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:** JACQUELINE CUETO

**VICE PRESIDENT**

**01/18/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date