


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90016 004 ****61.25

DOCUMENT # N03000007624

1. Entity Name
CONGENITAL HEART INSTITUTE OF FLORIDA, INC.



Principal Place of Business
**603 7TH STREET SOUTH SUITE 450
ST PETERSBURG, FL 33701**

Mailing Address
**603 7TH STREET SOUTH SUITE 450
ST PETERSBURG, FL 33701**

49082551



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07062004 Chg-NP CR2E037 (10/03)

4. FEI Number 45-0523154	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**QUINTESSENZA, JAMES A MD
603 7TH STREET SOUTH SUITE 450
ST PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINTESSENZA, JAMES A MD 603 7TH STREET SOUTH SUITE 450 ST PETERSBURG, FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORELL, VICTOR O MD 3005 WEST DR MLK JR BLVD SUITE 105 TAMPA, FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, JEFFERY P MD 603 7TH STREET SOUTH SUITE 450 ST PETERSBURG, FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMACK, JORGE MD 100 FIRST STREET SOUTH SUITE 550 ST PERERSBURG, FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, RICHARD M MD 100 FIRST STREET SOUTH SUITE 550 ST PERERSBURG, FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUCEK, ROBERT MD 100 FIRST STREET SOUTH SUITE 550 ST PERERSBURG, FL 33701	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #