


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N03000007624	
1. Entity Name CONGENITAL HEART INSTITUTE OF FLORIDA, INC.	

Principal Place of Business 6006 49TH STREET NO., STE. 310 ST PETERSBURG, FL 33709	Mailing Address 6006 49TH STREET NO., STE. 310 ST PETERSBURG, FL 33709
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03072008 No Chg-NP CR2E037 (4/06)

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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

DO NOT WRITE IN THIS SPACE

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) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

1100000883923
 04/17/08-80023-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCD QUINTESSENZA, JAMES A MD 6006 49TH STREET NO., STE. 310 ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCD MCCORMACK, JORGE 840 DR. MARTIN LUTHER KING, JR. ST. N #400 ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACOBS, JEFFERY P M.D. 6006 49TH STREET NO., STE. 310 ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAI, PAUL M.D. 6006 49TH STREET NO., STE. 310 ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, RICHARD M.D. 840 DR. MARTIN LUTHER KING JR ST N #400 ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUHTA, JAMES M.D. 840 DR MARTIN LUTHER KING JR ST N, #400 ST. PETERSBURG, FL 33705

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____

[Handwritten Signature] 3125108