

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2009  
Secretary of State**

DOCUMENT# N03000007624

Entity Name: CONGENITAL HEART INSTITUTE OF FLORIDA, INC.

**Current Principal Place of Business:**

6006 49TH STREET NO., STE. 310  
ST PETERSBURG, FL 33709

**New Principal Place of Business:**

**Current Mailing Address:**

6006 49TH STREET NO., STE. 310  
ST PETERSBURG, FL 33709

**New Mailing Address:**

FEI Number: 45-0523154      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

**OFFICERS AND DIRECTORS:**

Title: CCD      ( ) Delete  
Name: QUINTESSENZA, JAMES A MD  
Address: 6006 49TH STREET NO., STE. 310  
City-St-Zip: ST PETERSBURG, FL 33709

Title: CCD      ( ) Delete  
Name: MCCORMACK, JORGE  
Address: 840 DR. MARTIN LUTHER KING, JR. ST. N #400  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: SD      ( ) Delete  
Name: JACOBS, JEFFERY P M.D.  
Address: 6006 49TH STREET NO., STE. 310  
City-St-Zip: ST PETERSBURG, FL 33709

Title: D      ( ) Delete  
Name: CHAI, PAUL M.D.  
Address: 6006 49TH STREET NO., STE. 310  
City-St-Zip: ST PETERSBURG, FL 33709

Title: D      ( ) Delete  
Name: MARTINEZ, RICHARD M.D.  
Address: 840 DR. MARTIN LUTHER KING JR ST N #400  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D      ( ) Delete  
Name: HUHTA, JAMES M.D.  
Address: 840 DR MARTIN LUTHER KING JR ST N, #400  
City-St-Zip: ST. PETERSBURG, FL 33705

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A QUINTESSENZA

D

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date