

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007624

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

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

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

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES A. QUINTESSENZA, MD

CCD

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date