2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# N43080

Entity Name: HEART OF FLORIDA HEALTH CENTER, INC.

Current Principal Place of Business:

1025 SW 1ST AVENUE
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

1025 SW 1ST AVENUE
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 59-3060378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEIN, H. RANDOLPH
333 NW 3RD AVENUE
OCALA, FL 34475 US

Name and Address of New Registered Agent:

LONG, ELIZABETH S
1025 SW 1ST AVENUE
OCALA, FL 34471 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: ELIZABETH S. LONG 05/12/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MICHELL, DYER
Address: 2324 SE 14TH STREET
City-St-Zip: OCALA, FL 34471

Title: DT ( ) Delete
Name: RUSCIOLELLI, EVELYN
Address: 2303 SE 17TH STREET, SUITE 101
City-St-Zip: OCALA, FL 34474

Title: DV ( ) Delete
Name: HARRELL, HENRY L JR
Address: 1706 SE 28TH STREET
City-St-Zip: OCALA, FL 34471

Title: DS ( ) Delete
Name: MILES, PAUL E
Address: P.O. BOX 204
City-St-Zip: SILVER SPRINGS, FL 34489

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change ( ) Addition
Name: BAIOCCO, JEFFREY D
Address: 1908 SE 5TH STREET
City-St-Zip: OCALA, FL 34471

Title: DV (X) Change ( ) Addition
Name: KLEIN, H. RANDOLPH
Address: 333 NW 3RD AVENUE
City-St-Zip: OCALA, FL 34475

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: ELIZABETH S. LONG MNGR 05/12/2009
Electronic Signature of Signing Officer or Director Date