FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 05 1997 8:00am

Secretary of State

3a. Date of Last Report 01/25/1996

3. Date Incorporated or Qualified 11/30/1993

Sandra B. Mortham

Secretary of State

DOCUMENT #

1. Corporation Name

Principal Place of Business

3550 W WATERS AVE

STE 240 TAMPA FL 33614

US

N93000005376 (9)

Mailing Address
3550 W WATERS AVE

TAMPA FL 33614-2771

STE 240

HEARTBEAT INTERNATIONAL OF WEST CENTRAL FLORIDA, INC.

	ace of Business	2a. Mailing	2a. Mailing Address				4. FEI Number	Applied F	or		
21		26					59-3236060		Not Appli	cable	
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$	8.75 Addition		
22		27	l l				or comments of characteristics		Fee Required		
City & State)		City & State			i	6. Election Campaign Financing		5.00 May B	е	
23		28	\$				Trust Fund Contribution		Added to Fees	i	
Zip	Country	Zip	Country			1	8. This corporation has liability for intangible tax under s. 199,032,				
24	29	30					Yes N				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
				81	Name						
MCINTOSH, HENRY D MD					Street	reet Address (P.O. Box Number is Not Acceptable)					
3550 W WATERS AVE											
STE 240				83							
TAMPA FL 33614				84	City			8!	Zip Code		
				"	Ony			FŁ 🏻 🖺	Zip Code		
1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the all					-named	corpor	ation submits this statement for the	purpose of cha	nging its regist	tered	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE .	Signature typed or printed name of registered age	ril and title II applicable	. (NOTÉ:	Registered Age	nl signalure	required	when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS	····-	13.			ADDITIONS/CHANGES TO OFFI	CERS AND DIF	RECTORS IN 12	2	
TITLE	P		DELETE	1.1 TITLE		00	Chairman & KH Buar	d N	Change Ac	ddilion	
NAME	MCINTOSH, HENRY D			1.2 NAME		N	SINTUS A HENRY A.	MA			
STREET ADDRESS	AREA IN MITTERS AND OFF AND				ADDRESS	Ms Intosh Henry B. Mb 3550 W. Waters, Ave, Ste 240					
C(TY-ST-ZIP	TAMPA FL			1.4 CITY-S				-2771			
TITLE	TD		DELETE	2.1 TITLE			27/11/11/2014		Change Ac	ddition	
NAME	MANISCALCO, BENEDICT S N	AD .		2.2 NAME				_			
STREET ADDRESS	2727 W DR MLK JR BLVD			2.3 STREET	ADDRESS		•				
CITY-ST-ZIP	TAMPA FL			2. 4 City-5							
TITLE	VP		DELETE	3.1 TITLE	21-24	Dv	esilad	87	Change	ddition	
NAME.	PETER ALAGONA, JR., MD.			3.2 NAME		3.4	esided or Alagma, Jr., ML 13 W. Dr. MLK, 150-B				
STREET ADDRESS	3003 W. DR. MLK, JR., BLVD.			3.3 STREET	ADDRESS	300	13 W- Jr. MLK 57-B	lvd			
CITY-ST-ZIP	TAMPA FL 33607			3.4. CITY - S		1	ma, \$1 33607				
TITLE	D COOL		DELETE	4.1 TITLE	21 T & 11		710/4/33001		Change Ac	ddition	
NAME	ASBURY, ROY C JR.	•		4. 2 NAME					Arrendo TT L	zami011	
STREET ADDRESS	1516 LEIGHTON AVE			4.2 NAME 4.3 STREET	ADDDECC						
CITY-ST-ZIP	LAKELAND FL 33803										
TITLE	n	··	DELETE	4.4 CITY - S 5.1 TITLE	1-71	D		N	Change Ac	ddition	
NAME	GONZALEZ, JORGE L MD	`		5.2 NAME		Y	LE CONTRIET MT		onange [] At	JUNUI	
STREET ADDRESS	P O BOX 45000				ADDDEGO	JUR	BE GONZALEZ, MD O LAKELAND HILLS.	BLVD			
1				5.3 STREET							
CITY-ST-ZIP TITLE	LAKELAND FL D		DELETE	5.4 CITY - S 6.1 TITLE	I-ZIP	MAH	ELAND FL 33805-		Change LA	ddition	
	<u> </u>	,	EM prerit			ZK	ecutive birector		Change LLA At	JUNION	
NAME	COLLEY, CARLTON E			6.2 NAME		200	(Mick Sters Are, St	200			
STREET ADDRESS	1950 LEE RD., STE. 209			6.3 STREET			30 Walter / 17 9 1 11/ =	2 7 7 1 2 7 7 1			
CiTY-ST-ZiP	WINTER PARK FL 32790	d uith this files -	long not must!!	6.4 CITY-S	T-ZIP	10	mpa, F1 33614-	Z (/			
14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that											
I durant shice of unecon or the corporation of the relativer of this ise embowered to execute this reduited by unerter by a bridge and that my name										,	
appears in Block 12 or Block 13 if changed, or on an altachment with an address.											

SIGNATURE: Will Mick / WIN Mick Executive I we low 1-6-98 813-933-7136