FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90108 003 ****61.25

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DOCUMENT # N93000005376

1. Corporation Name

HEARTBEAT INTERNATIONAL OF WEST CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
3550 W WATERS AVE STE 240 TAMPA FL 33614 US	3550 W WATERS AVE STE 240 TAMPA FL 33614 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 6800 N Dale Mabry	26 6800 N. Dale Mabry	11/30/1993
Suite, Apt. #, etc. 22 100	Suite, Apt. #, etc. 27 100	4. FEI Number 59-3236060 ☐ Applied For ☐ Not Applicable
City & State 23 Tampa FL	City & State 28 Tampa FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33614 25 USA	Zip / Country 29 33614 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCINTOSH, HENRY D MD 3550 W WATERS AVE STE 240 TAMPA FL 33614	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6800 N. Dale Mabry 83 Suite 100 84 City Tampa FL 85 Zip Code 33614

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	MCINTOSH, HENRY D		1.2 NAME		
STREET ADDRESS	3550 W WATERS AVE STE 240		1.3 STREET ADDRESS	6800 N. Dale Mabry, #100	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa FL 33614	
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	MANISCALCO, BENEDICT S MD		2.2 NAME	Power, Keith, RN	
STREET ADDRESS	2727 W DR MLK JR BLVD		2.3 STREET ADDRESS	205 Hibiscus ~~Ave~~ Drive	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Lakeland, FL 33805	
TITLE	P	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	PETER ALAGONA, JR. , MD.		3.2 NAME		
STREET ADDRESS	3003 W. DR. MLK, JR., BLVD.		3.3 STREET ADDRESS	2727 W. DR. MLK, JR, Blvd	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa FL 33607	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ASBURY, ROY C JR.		4. 2 NAME		
STREET ADDRESS	1516 LEIGHTON AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33803		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, JORGE L MD		5.2 NAME		
STREET ADDRESS	1600 LAKELAND HILLS BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP		
TITLE	ED	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	MICK, WIL		6.2 NAME		
STREET ADDRESS	3550 W. WATERS AVE, STE 240		6.3 STREET ADDRESS	6800 N. Dale Mabry #100	
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	Tampa, FL 33614	

CR2E037 (11/98)

14. I 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #