

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S56453

**Entity Name:** NORTH FLORIDA CARDIOVASCULAR RESEARCH, INC.

**Current Principal Place of Business:**

3948 SOUTH THIRD ST.  
SUITE 321  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

3948 SOUTH THIRD ST.  
SUITE 321  
JACKSONVILLE BEACH, FL 32250 US

**FEI Number:** 59-3067308

**Certificate of Status Desired:** No

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

SEALS, ALLEN  
3948 SOUTH THIRD ST. #321  
JACKSONVILLE BEACH, FL 32250 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DR  
Name SEALS, A. ALLEN  
Address 3948 SOUTH THIRD ST.  
City-State-Zip: JACKSONVILLE FL 32250

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

**SIGNATURE:** A. ALLEN SEALS

DR

01/21/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date