2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State
04-26-2007 90231 019 ***150.00

DOCUMENT # 604309

1. Entity Name
SOUTHERN HEART GROUP, P.A.

40084558

Principal Place of Business	Mailing Address
1801 BARRS STREET, SUITE 500 JACKSONVILLE, FL 32204	1801 BARRS STREET, SUITE 500 JACKSONVILLE, FL 32204

04242007 . Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1824 King St.	1824 King St
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Jacksonville, FL.	City & State: Jacksonville, FL.
Zip: 32204 Country: USA	Zip: 32204 Country: USA

4. FEI Number 59-1451063 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALSH, ALIZ E 820 PRUDENTIAL DRIVE, SUITE 616 JACKSONVILLE, FL 32207	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DAJANI, OMAR 820 PRUDENTIAL DRIVE, SUITE 615 JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Dajani, Omar 820 Prudential Dr. Ste 615 Jax. FL. 32207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PILCHER, GEORGE M 1800 BARRS ST JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Pilcher, George 1824 King St. Ste 300 Jax. FL. 32204	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PHILLIPS, ERNEST M 1800 BARRS ST JACKSONVILLE, FL 32204	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DILLAHUNT, PAUL H 820 PRUDENTIAL DRIVE, SUITE 615 JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVP LEE, HARRY 1801 BARRS STREET, SUITE 500 JACKSONVILLE, FL 32204	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVP PATTERSON, JAY 1801 BARRS STREET, SUITE 500 JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVP Patterson, Jay 1824 King St. Ste 615 Jax. FL. 32204	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Geo. Pilcher 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
40084658
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Attachment A

NAME	ADDRESS	TITLE
Garry L. Taylor, M.D.	820 Prudential Drive, Suite 615, Jacksonville, FL, 32207	AVP
Praveen K. Kanaparti, M.D.	820 Prudential Drive, Suite 615, Jacksonville, FL, 32207	AVP
Girish S. Shroff, M.D.	820 Prudential Drive, Suite 615, Jacksonville, FL, 32207	AVP
Venkata S. Sagi, M.D.	820 Prudential Drive, Suite 615, Jacksonville, FL, 32207	AVP
James C. Campbell, M.D.	820 Prudential Drive, Suite 615, Jacksonville, FL, 32207	AVP
Salvatore D. Diloretto, M.D.	820 Prudential Drive, Suite 615, Jacksonville, FL, 32207	AVP
Leon C. Chow, M.D.	820 Prudential Drive, Suite 615, Jacksonville, FL, 32207	AVP
David J. Stroh, M.D.	820 Prudential Drive, Suite 615, Jacksonville, FL, 32207	AVP
Russell B. Stapleton, M.D.	820 Prudential Drive, Suite 615, Jacksonville, FL, 32207	AVP
Thomas L. Wolford, M.D.	820 Prudential Drive, Suite 615, Jacksonville, FL, 32207	AVP
Carlos E. Alosilla, M.D.	1824 King Street, Suite 300, Jacksonville, FL, 32204	AVP
Paul A. Bednarzyk, M.D.	1824 King Street, Suite 300, Jacksonville, FL, 32204	AVP
Jonathan Constantin, D.O.	1824 King Street, Suite 300, Jacksonville, FL, 32204	AVP
Michael Cunningham, M.D.	1824 King Street, Suite 300, Jacksonville, FL, 32204	AVP

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Samer Garas, M.D.	1824 King Street, Suite 300, Jacksonville, FL, 32204	AVP
V. Rudolph Geer, M.D.	1824 King Street, Suite 300, Jacksonville, FL, 32204	AVP
J. Lee Grigsby, M.D.	1824 King Street, Suite 300, Jacksonville, FL, 32204	AVP
Arne Sippens Groenewegan, M.D.	1824 King Street, Suite 300, Jacksonville, FL, 32204	AVP
Mark A. Hayes, M.D.	1824 King Street, Suite 300, Jacksonville, FL, 32204	AVP
Sonya Lefever, M.D.	820 Prudential Drive, Suite 615, Jacksonville, FL, 32207	AVP
Carlos A. Leon, M.D.	1824 King Street, Suite 300, Jacksonville, FL, 32204	T
Anthony R. Magnano, M.D.	1824 King Street, Suite 300, Jacksonville, FL, 32204	AVP
Mariano B. Mikulic, M.D.	1824 King Street, Suite 300, Jacksonville, FL, 32204	AVP
Steven S. Nauman, M.D.	1824 King Street, Suite 300, Jacksonville, FL, 32204	AVP
William C. Pilcher, M.D.	1824 King Street, Suite 300, Jacksonville, FL, 32204	AVP
Brett M. Sasseen, M.D.	1824 King Street, Suite 300, Jacksonville, FL, 32204	AVP

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Robert B Van Cleve, M.D.	1824 King Street, Suite 300, Jacksonville, FL, 32204	AVP
J. Timothy Walsh, M.D.	1824 King Street, Suite 300, Jacksonville, FL, 32204	AVP