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Apr 04 1996 8:00 am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **705460** (4)  
1. Corporation Name

**AMERICAN HEART ASSOCIATION, FLORIDA AFFILIATE,  
Incorporated**

Principal Place of Business <b>1213 16th Street North PO Box 33035 St. Petersburg, FL 33705-8092</b>	Mailing Address <b>1213 16th Street N. PO Box 33035 St. Petersburg, FL 33705-8092</b>
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3. Date Incorporated or Qualified <b>08/28/1959</b>	3a. Date of Last Report <b>03/30/1995</b>
4. FEI Number <b>59-0637852</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>XX</b>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>John J. Brennan 1213 16th Street N. St. Petersburg, FL 33705</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>800001763708 -04/04/96--01086--019</b> 84 City <b>***70.00</b> <b>FL</b> 85 Zip Code
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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 **John J. Brennan, Executive Vice President** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCD BROOME, WILLIAM R.H. 1818 Australian Ave. S. Suite 202 West Palm Beach, FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>DCD GOLDBERG, STEPHEN R. 6731 15th Avenue North St. Petersburg, FL 33710</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPP HILDRETH, JOHN A M.D. 3355 Burns Road #301 West Palm Beach, FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>DPP SITES, JOHN D., MD 131 Magnolia Avenue, SE Ft. Walton Beach, FL 32548</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVD GOLDBERG, STEPHEN R 6731 15th Avenue North St. Petersburg, FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>DVD TALLEY, DAVID H. 1983 PGA Blvd. Suite 104 Palm Beach Gardens, FL 33408</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV SITES, JOHN D. M.D. 131 Magnolia Avenue, S.E. Ft. Walton, FL</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>DV SEALS, ALLEN A, MD 3948 South 3rd Street Jacksonville, FL 32250</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV SEALS, A. ALLEN M 3550 University Blvd. #302 Jacksonville, FL</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>DV NAMEY, JOSEPH, JR, DO 13644 Walsingham Road Largo, FL 34644</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LANDRY, JOHN P. 2439 Wisteria Street Sarasota, FL</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>T SASLAW, GARY R. 20801 Biscayne Blvd. Suite 304 Avventura, FL 33180</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Stephen R. Goldberg, Chairman of the Board** 4/4/96 345-0322  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)