

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # 705460

(4)

1. Corporation Name

AMERICAN HEART ASSOCIATION, FLORIDA AFFILIATE, I
NCORPORATED



Principal Place of Business

Mailing Address

1213 16TH ST. N.
PO BOX 33035
ST PETERSBURG FL 33705-8092

1213 16TH ST. N.
PO BOX 33035
ST PETERSBURG FL 33705-1032

2. Principal Place of Business

2a. Mailing Address

21 9900 Ninth St. North

26 9900 Ninth St. North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 St. Petersburg, FL

28 St. Petersburg, FL

Zip

Country

Zip

Country

24 33716-3801

25 USA

29 33716-3801

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/28/1959

3a. Date of Last Report

04/04/1996

4. FEI Number

59-0637852

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

BRENNAN, JOHN J.
1213 16TH ST. N.
ST. PETERSBURG FL 33705

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4/14/97

12. OFFICERS AND DIRECTORS

TITLE DCD
NAME GOLDBERG, STEPHEN R
STREET ADDRESS 6731 15TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE DPP
NAME SITES, JOHN D M.D.
STREET ADDRESS 131 MAGNOLIA AVE. SE
CITY-ST-ZIP FT. WALTON BEACH FL 32548

TITLE DVD
NAME TALLEY, DAVID H
STREET ADDRESS 1983 PGA BLVD. SUITE 104
CITY-ST-ZIP PALM BEACH GARDENS FL 33408

TITLE DV
NAME SEALS, ALLEN A MD
STREET ADDRESS 3948 SOUTH 3RD STREET
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE DV
NAME NAMEY, JOSEPH JR. DO
STREET ADDRESS 13644 WALSHINGHAM ROAD
CITY-ST-ZIP LARGO FL 34644

TITLE T
NAME SASLAW, GARY R
STREET ADDRESS 20801 BISCAYNE BLVD. SUITE 304
CITY-ST-ZIP AVENTURA FL 33180

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE DV
2.2 NAME SITES, JOHN D. M.D.
2.3 STREET ADDRESS 131 MAGNOLIA AVE. SE
2.4 CITY-ST-ZIP FT. WALTON BEACH FL 32548

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE DPP
4.2 NAME SEALS, ALLEN A MD
4.3 STREET ADDRESS 3948 SOUTH 3RD STREET
4.4 CITY-ST-ZIP JACKSONVILLE FL 32250

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 as an attachment with an address.

SIGNATURE:

[Signature] Stephen R. Goldberg
Chairman of the

4/24/97 813 960 8154
Daytime Phone # 0050082

CR2E037 (9/96)