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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 9900 NINTH ST N ST PETERSBURG FL 33716-801 US	Mailing Address 9900 NINTH ST NORTH ST PETERSBURG FL 33716-801 US
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3. Date Incorporated or Qualified
08/28/1959

4. FEI Number
59-0637852

Applied For	Not Applicable
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2. Principal Place of Business 21 9900 Ninth St North	2a. Mailing Address 26 99 00 Ninth St North
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 23 St. Petersburg, FL	City & State 28 St. Petersburg
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7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24 33716	Country 25 USA	Zip 29 33716	Country 30 USA
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BRENNAN, JOHN J.
1213 16TH ST. N.
ST. PETERSBURG FL 33705**

10. Name and Address of New Registered Agent

81 Name John J. Brennan
82 Street Address (P.O. Box Number is Not Acceptable) 9900 Ninth Street
83
84 City St. Petersburg
85 Zip Code FL 33716

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* **John J. Brennan, Executive Vice President** April 21, 1998
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DCD	NAME GOLDBERG, STEPHEN R	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6731 15TH AVENUE NORTH	CITY-ST-ZIP ST. PETERSBURG FL 33710	1.2 NAME Talley, David H.	
<input type="checkbox"/> DELETE		1.3 STREET ADDRESS 1983 PGA Blvd. Suite 104	
TITLE DV	NAME SITES, JOHN D	1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33408-3001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 131 MAGNOLIA AVE SE	CITY-ST-ZIP FT WALTON BEACH FL	2.1 TITLE DC	
<input type="checkbox"/> DELETE		2.2 NAME Gary R. Saslaw, Esq.	
TITLE DVD	NAME TALLEY, DAVID H	2.3 STREET ADDRESS 20801 Biscayne Blvd. Suite 304	
STREET ADDRESS 1983 PGA BLVD. SUITE 104	CITY-ST-ZIP PALM BEACH GARDENS FL 33408	2.4 CITY-ST-ZIP Miami, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		3.1 TITLE DP	
TITLE DDP	NAME SEALS, ALLEN A	3.2 NAME Maurice S. Holder, Ph.D.	
STREET ADDRESS 3048 SOUTH 3RD ST	CITY-ST-ZIP JACKSONVILLE FL	3.3 STREET ADDRESS Florida A&M University Room 021-L	
<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP Tallahassee, FL 32307	
TITLE DV	NAME NAMEY, JOSEPH JR. DO	4.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13644 WALSHINGHAM ROAD	CITY-ST-ZIP LARGO FL 34644	4.2 NAME Joseph J. Namey, Jr., DO	
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS Suncoast Internal Medicine	
TITLE T	NAME SASLAW, GARY R	4.4 CITY-ST-ZIP 13644 Walsingham Road Largo, FL 33774	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 20801 BISCAYNE BLVD. SUITE 304	CITY-ST-ZIP AVENTURA FL 33180	5.1 TITLE DV	
<input type="checkbox"/> DELETE		5.2 NAME William Colledge	
TITLE T	NAME NAMEY, JOSEPH JR. DO	5.3 STREET ADDRESS Capital City Bank 217 N. Monroe Street	
STREET ADDRESS 20801 BISCAYNE BLVD. SUITE 304	CITY-ST-ZIP AVENTURA FL 33180	5.4 CITY-ST-ZIP Tallahassee, FL 32301	
<input type="checkbox"/> DELETE		6.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME SASLAW, GARY R	6.2 NAME James Dixon, Jr., CPA	
STREET ADDRESS 20801 BISCAYNE BLVD. SUITE 304	CITY-ST-ZIP AVENTURA FL 33180	6.3 STREET ADDRESS 2800 University Drive Suite 260	
<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP FL Myers, FL 33907	

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 as an attachment with an address.

SIGNATURE: *Joseph J. Namey, Jr.* **Joseph J. Namey, Jr., D.O. President** April 10, 1998

CR2E037 (10/97)