

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 725324 1. Entity Name FLORIDA HEART INSTITUTE, INC.	
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Principal Place of Business 601 E ROLLINS STREET ORLANDO, FL 32803 US	Mailing Address 601 E ROLLINS STREET ORLANDO, FL 32803 US
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DO NOT WRITE IN THIS SPACE



06292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2214935	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TAUSSIG, ANDREW S 601 E ROLLINS STREET ORLANDO, FL 32803	DO NOT WRITE IN THIS SPACE
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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 _____
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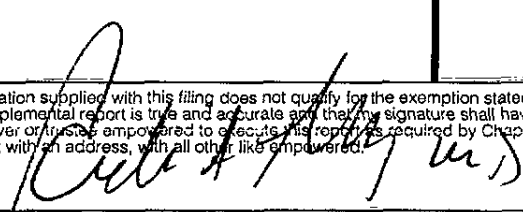
Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAUSSIG, ANDREW S 601 E. ROLLINS ST. ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STOWE, CARY MD 601 E ROLLINS ST ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ACCOLA, KEVIN MD 601 E ROLLINS ST ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KARUNARATNE, H.B 601 E. ROLLINS ST. ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/11/05-80003-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 617, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	8/2/05 4078417151
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