2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # 725324

1. Entity Name
FLORIDA HEART INSTITUTE, INC.

Principal Place of Business	Mailing Address
601 E ROLLINS STREET ORLANDO, FL 32803 US	601 E ROLLINS STREET ORLANDO, FL 32803 US

04102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

Filing Fee is $61.25
Due by May 1, 2006

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

000000553825
05/15/06-80068-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TAUSSIG, ANDREW S
STREET ADDRESS	601 E. ROLLINS ST.
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	TD
NAME	STOWE, CARY MD
STREET ADDRESS	601 E ROLLINS ST
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	SD
NAME	ACCOLA, KEVIN MD
STREET ADDRESS	601 E ROLLINS ST
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	VD
NAME	KARUNARATNE, H.B
STREET ADDRESS	601 E. ROLLINS ST.
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____ 4/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #