

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 725324

1. Entity Name
FLORIDA HEART INSTITUTE, INC.



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

Mailing Address
**601 E ROLLINS STREET
ORLANDO, FL 32803 US**



03182008 No Chg-NP

CR2E037 (4/06)

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**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000927530
05/20/08-80111-004 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 **SCHWARTZ, KERRY 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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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #