

**2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2010  
Secretary of State**

DOCUMENT# 725324

Entity Name: FLORIDA HEART INSTITUTE, INC.

**Current Principal Place of Business:**

601 E ROLLINS STREET  
MAILBOX # 99  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

601 E ROLLINS STREET  
MAILBOX # 99  
ORLANDO, FL 32803 US

**New Mailing Address:**

FEI Number: 59-2214935      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAUSSIG, ANDREW S  
601 E ROLLINS STREET  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TAUSSIG, ANDREW S  
Address: 601 E. ROLLINS ST.  
City-St-Zip: ORLANDO, FL 32801

Title: TD  
Name: SCHWARTZ, KERRY MD  
Address: 601 E ROLLINS ST  
City-St-Zip: ORLANDO, FL 32803

Title: SD  
Name: ACCOLA, KEVIN MD  
Address: 601 E ROLLINS ST  
City-St-Zip: ORLANDO, FL 32803

Title: VD  
Name: KARUNARATNE, H.B  
Address: 601 E. ROLLINS ST.  
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW TAUSSIG, MD

PRES

04/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date