# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 06, 2006**
**Secretary of State**

DOCUMENT# H07073

**Entity Name:** THE HEART INSTITUTE OF PORT ST. LUCIE, INC.

**Current Principal Place of Business:**

1700 S.E. HILLMOOR DR.
PORT SAINT LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1700 S.E. HILLMOOR DR.
PORT SAINT LUCIE, FL 34952 US

**New Mailing Address:**

**FEI Number: 59-2420810** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEOP ( ) Delete
Name: WERTHEIMER, DAVID E., , MD
Address: 1700 SE HILLMOOR DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP ( ) Delete
Name: UPADHYAY, BHARAT K M.D.
Address: 1700 SE HILLMOOR DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S ( ) Delete
Name: DENNIS, MICHAEL A JR, MD
Address: 1700 SE HILLMOOR DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T ( ) Delete
Name: GREENBERG, MARK H MD
Address: 1700 SE HILLMOOR DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E WERTHEIMER, MD CEO 02/06/2006

Electronic Signature of Signing Officer or Director — Date