

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90335 034 ***150.00

DOCUMENT # H07073

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



Principal Place of Business
**1700 S.E. HILLMOOR DR.
PORT SAINT LUCIE, FL 34952**

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



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2420810	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEOP
NAME	WERTHEIMER, DAVID E., MD
STREET ADDRESS	1700 SE HILLMOOR DR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952

TITLE	VP
NAME	UPADHYAY, BHARAT K M.D.
STREET ADDRESS	1700 SE HILLMOOR DR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952

TITLE	S
NAME	DENNIS, MICHAEL A JR, MD
STREET ADDRESS	1700 SE HILLMOOR DR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952

TITLE	T
NAME	GREENBERG, MARK H MD
STREET ADDRESS	1700 SE HILLMOOR DR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 607, 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: *David E. Wertheimer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08

Date

772 398 7999

Daytime Phone #