2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2010
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

New Mailing Address:

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

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

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: D WERTHEIMER, MD DR 02/16/2010

Electronic Signature of Signing Officer or Director — Date