

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H07073

FILED
Feb 14, 2012
Secretary of State

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:

C/O SCHNEIDER HAMMER, 7860 PETERS RD
F-110
PLANTATION, FL 33324 US

Current Mailing Address:

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

New Mailing Address:

C/O SCHNEIDER HAMMER, 7860 PETERS RD
F-110
PLANTATION, FL 33324 US

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

OFFICERS AND DIRECTORS:

Title: CEO
Name: WERTHEIMER, DAVID E., MD
Address: 1738 SW FOXPOINT TRAIL
City-St-Zip: PALM CITY, FL 34990

Title: VP
Name: UPADHYAY, BHARAT K M.D.
Address: 1975 OCEAN RIDGE CIRCLE
City-St-Zip: VERO BEACH, FL 32963

Title: S
Name: DENNIS, MICHAEL A JR, MD
Address: 165 S SEWALL PT ROAD
City-St-Zip: STUART, FL 34996

Title: T
Name: GREENBERG, MARK H MD
Address: 2504 SE ANCHORAGE CV
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: DAVID WERTHEIMER

CEOP

02/14/2012

Electronic Signature of Signing Officer or Director

Date