

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR -6 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J60817 (0)

1. Corporation Name

HEALTH CARE FROM THE HEART, INC.

Principal Place of Business

Mailing Address

% JAMES W. OSHER  
5301 ATLANTIC VIEW  
ST AUGUSTINE FL 32084

% JAMES W. OSHER  
5301 ATLANTIC VIEW  
ST AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                             |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>03/05/1987                                                                                                             | 3a. Date of Last Report<br>04/20/1994 |
| 4. FEI Number<br>59-2781442                                                                                                                                 | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | \$5.00 May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |

|                                                                |                                                                                   |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent                | 10. Name and Address of New Registered Agent                                      |
| OSHER, JAMES W.<br>5301 ATLANTIC VIEW<br>ST AUGUSTINE FL 32084 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City |
|                                                                | FL 85 Zip Code                                                                    |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

|                            |                    |                                                       |                                                                   |
|----------------------------|--------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
| TITLE                      | D                  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | OSHER, JAMES W.    | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 5301 ATLANTIC VIEW | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | ST AUGUSTINE FL    | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                    | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                    | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                    | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                    | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                    | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                    | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                    | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                    | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                    | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                    | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                    | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                    | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                    | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                    | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                    | 6.4 CITY - ST - ZIP                                   |                                                                   |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 as indicated, changed, or as an attachment with an address.

SIGNATURE:

JAMES W. OSHER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-95

904-794-2273

Date Telephone (Area)