

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90082 011 ***150.00

DOCUMENT # K37283

1. Corporation Name

HEART HEALTH INSTITUTE, A PROFESSIONAL ASSOCIATION

Principal Place of Business

4 OFFICE PARK DRIVE
PALM COAST FL 32137

Mailing Address

4 OFFICE PARK DRIVE
PALM COAST FL 32137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1988

4. FEI Number

59-2919791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 NONE

2a. Mailing Address

26 5 CARIBE COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28 PALM COAST, FL

Zip

Country

24

25

Zip

Country

29

32137-8957

30

USA

9. Name and Address of Current Registered Agent

VAN DUSEN, JAMES
4 OFFICE PARK DRIVE
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name

PATRICIA VAN DUSEN

82 Street Address (P.O. Box Number is Not Acceptable)

5 CARIBE COURT

83

84 City

PALM COAST

FL

85 Zip Code

32137-8957

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 Patricia Van Dusen, President

Patricia Van Dusen

2/25/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☒ DELETE
NAME VANDUSEN, JAMES
STREET ADDRESS 4 OFFICE PARK DRIVE
CITY-ST-ZIP PALM COAST FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☐ Change ☒ Addition
1.2 NAME PATRICIA VAN DUSEN
1.3 STREET ADDRESS 5 CARIBE CT.
1.4 CITY-ST-ZIP PALM COAST, FL 32137-8957

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia Van Dusen, President

2/25/99

(904) 445-3619

Date

Daytime Phone #

CR2E034 (1/98)