


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90035 018 ***150.00

DOCUMENT # L08357
 1. Entity Name
OCALA HEART INSTITUTE, INC.



Principal Place of Business Mailing Address
 1511 SW 1ST AVE. PO DRAWER 3130
 Ocala FL 34474 Ocala FL 34478-3130
 US US

40022024



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2969959 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CARMICHAEL, MICHAEL J.
1511 SW 1ST AVENUE
OCALA FL 34474

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CARMICHAEL, MICHAEL J	
STREET ADDRESS	1511 SW 1ST AVE.	
CITY-ST-ZIP	OCALA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FELDMAN, ROBERT L	
STREET ADDRESS	1511 SW 1ST AVE.	
CITY-ST-ZIP	OCALA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KUYKENDALL, R., CRAIG K MD	
STREET ADDRESS	1571 SW 1ST AVE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	34474	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	34474	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kuykendall, R. Craig	
STREET ADDRESS	1511 SW 1st Avenue	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 another like empowered.

SIGNATURE:  Date: **2-21-05** Daytime Phone #: **352-867-8311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR