

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L08357

FILED
Apr 30, 2010
Secretary of State

Entity Name: OCALA HEART INSTITUTE, INC.

Current Principal Place of Business:

1511 SW 1ST AVE.
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

PO DRAWER 3130
OCALA, FL 344783130 US

New Mailing Address:

FEI Number: 59-2969959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMIRE, VINCENT C JR
1571 SW 1ST AVENUE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

JOSE, CORTES
4 S.E. BROADWAY ST.
OCALA, FL 34471 US

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: JOSE CORTES

04/30/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: FLORIDA HEART & VASCULAR SURGEONS PA
Address: 1511 SW 1ST AVE.
City-St-Zip: OCALA, FL 34471

Title: D
Name: DR ROBERT L FELDMAN MD PA
Address: 1511 SW 1ST AVE.
City-St-Zip: OCALA, FL 34471

Title: D
Name: OCALA ANESTHESIA ASSOCIATES PA
Address: 1511 SW 1ST AVE
City-St-Zip: OCALA, FL 34471

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: FAY STOCKMAN

S

04/30/2010

Electronic Signature of Signing Officer or Director

Date