2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2012
Secretary of State

DOCUMENT# L08357

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:

JOSE, CORTES
4 S.E. BROADWAY ST.
OCALA, FL 34471 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: 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: R. DUANE COOK, M.D. PRES 04/03/2012

Electronic Signature of Signing Officer or Director Date