

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000002719

1. Entity Name  
SOUTHEAST CARDIOVASCULAR SOCIETY, INC.



Principal Place of Business  
1820 BARRS STREET  
SUITE 710  
JACKSONVILLE, FL 32204

Mailing Address  
1820 BARRS STREET  
SUITE 710  
JACKSONVILLE, FL 32204



02032004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0583036

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MUEHRCKE, DEREK M.D.  
1820 BARRS STREET  
SUITE 710  
JACKSONVILLE, FL 32204

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000038448  
02/06/04-80139-001 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MUEHRCKE, DEREK  
1820 BARRS STREET SUITE 710  
JACKSONVILLE, FL 32204

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PETERSON, MICHAEL  
6650 SOUTHPOINT PARKWAY SUITE 106  
JACKSONVILLE, FL 32216

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GEORGE, FERRIS M.D.  
201 HEALTH PARK BLVD., SUITE 105  
ST. AUGUSTINE, FL 32086

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DEREK MUEHRCKE, MD. 2/04/04 904-494-2394