

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000719

FILED
May 01, 2009
Secretary of State

Entity Name: HEART TO HEART FOUNDATION, INC.

Current Principal Place of Business:

5601 N DIXIE HIGHWAY
202
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

5601 N DIXIE HIGHWAY
202
FORT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 20-1160294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GHAHRAMANI, ALI R
5601 N DIXIE HIGHWAY
STE 202
FORT LAUDERDALE, FL 33334 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GHAHRAMANI, ALI R
Address: 5601 N DIXIE HIGHWAY STE 202
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D () Delete
Name: CLINE, ROBERT MD
Address: 5601 N DIXIE HIGHWAY #209
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D () Delete
Name: VASQUEZ, ERWIN MD
Address: 2600 NE 9TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D () Delete
Name: BOE, STUART MD
Address: 5601 N DIXIE HIGHWAY #209
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D () Delete
Name: KAHN, ASLAM MD
Address: 4900 W OAKLAND PARK BLVD. #207
City-St-Zip: LAUDERDALE LAKES, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALI R. GHAHRAMANI

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date