

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90084 031 \*\*\*\*70.00

**DOCUMENT # N03000006681**

1. Entity Name  
**SACRED HEART HEALTH VENTURES, INC.**



Principal Place of Business  
**5151 NORTH 9TH AVENUE  
PENSACOLA, FL 32504**

Mailing Address  
**5151 NORTH 9TH AVENUE  
PENSACOLA, FL 32504**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**57-1183283**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**EMMANUEL, KAREN O  
SACRED HEART HEALTH SYSTEMS, INC  
5151 NORTH 9TH AVENUE  
PENSACOLA, FL 32504**

## 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

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PCD  
GRANGER, ROBERT P  
5151 NORTH NINTH AVE.  
PENSACOLA, FL 32504 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VCD  
HECKATHORN, E. PETER  
5151 NORTH NINTH AVE.  
PENSACOLA, FL 32504 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
SADRO, CHERYL  
5151 NORTH NINTH AVE.  
PENSACOLA, FL 32504 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BAROCO, PAUL T MD  
5151 NORTH NINTH AVE.  
PENSACOLA, FL 32504 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CD  
HECKATHORN, E. PETER  
5151 N. 9TH AVE.  
PENSACOLA, FL 32504 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PCD  
Madden, Patrick J  
5151 North Ninth Avenue  
Pensacola, FL 32504 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STD  
Elmore, Buddy  
5151 North Ninth Avenue  
Pensacola, FL 32504 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

1/16/2007 (850) 416-6500

Date

Daytime Phone #

Karen O. Emmanuel