

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N03000007624**

1. Entity Name  
**CONGENITAL HEART INSTITUTE OF FLORIDA, INC.**



Principal Place of Business  
**6006 49TH STREET NO., STE. 310  
ST PETERSBURG, FL 33709**

Mailing Address  
**6006 49TH STREET NO., STE. 310  
ST PETERSBURG, FL 33709**



03062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>45-0523154</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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

**QUINTESSENZA, JAMES A MD  
603 7TH STREET SOUTH SUITE 450  
ST PETERSBURG, FL 33701**

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCD QUINTESSENZA, JAMES A MD 6006 49TH STREET NO., STE. 310 ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCD MCCORMACK, JORGE 840 DR. MARTIN LUTHER KING, JR. ST. N #400 ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACOBS, JEFFERY P M.D. 6006 49TH STREET NO., STE. 310 ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAI, PAUL M.D. 6006 49TH STREET NO., STE. 310 ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, RICHARD M.D. 840 DR. MARTIN LUTHER KING JR ST N #400 ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUHTA, JAMES M.D. 840 DR MARTIN LUTHER KING JR ST N, #400 ST. PETERSBURG, FL 33705

**DO NOT WRITE  
IN THIS SPACE**

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04/25/07-80033-009 61.25

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

Date

Daytime Phone #

4/10/07