

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 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**



03072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

45-0523154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000883923
04/17/08-80023-008 61.25

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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 #

[Signature] 3125108