

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007624

FILED
Apr 14, 2009
Secretary of State

Entity Name: CONGENITAL HEART INSTITUTE OF FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 45-0523154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: CCD () Delete
Name: QUINTESSENZA, JAMES A MD
Address: 6006 49TH STREET NO., STE. 310
City-St-Zip: ST PETERSBURG, FL 33709

Title: CCD () Delete
Name: MCCORMACK, JORGE
Address: 840 DR. MARTIN LUTHER KING, JR. ST. N #400
City-St-Zip: ST. PETERSBURG, FL 33705

Title: SD () Delete
Name: JACOBS, JEFFERY P M.D.
Address: 6006 49TH STREET NO., STE. 310
City-St-Zip: ST PETERSBURG, FL 33709

Title: D () Delete
Name: CHAI, PAUL M.D.
Address: 6006 49TH STREET NO., STE. 310
City-St-Zip: ST PETERSBURG, FL 33709

Title: D () Delete
Name: MARTINEZ, RICHARD M.D.
Address: 840 DR. MARTIN LUTHER KING JR ST N #400
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D () Delete
Name: HUHTA, JAMES M.D.
Address: 840 DR MARTIN LUTHER KING JR ST N, #400
City-St-Zip: ST. PETERSBURG, FL 33705

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:

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: JAMES A QUINTESSENZA

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date