

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007624

FILED
Jul 20, 2012
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:

625 6TH AVE S
475
ST PETERSBURG, FL 33701

Current Mailing Address:

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

New Mailing Address:

625 6TH AVE S
475
ST PETERSBURG, FL 33701

FEI Number: 45-0523154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

QUINTESSENZA, JAMES A MD
625 6TH AVE S
475
ST PETERSBURG, FL 33701 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: JAMES A QUINTESSENZA, MD

07/20/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CCD
Name: QUINTESSENZA, JAMES A MD
Address: 625 6TH AVE S, STE 475
City-St-Zip: ST PETERSBURG, FL 33701

Title: CCD
Name: MCCORMACK, JORGE
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.
Address: 625 6TH AVE S, STE 475
City-St-Zip: ST PETERSBURG, FL 33701

Title: D
Name: CHAI, PAUL M.D.
Address: 625 6TH AVE S, STE 475
City-St-Zip: ST PETERSBURG, FL 33701

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES A QUINTESSENZA, MD

CCD

07/20/2012

Electronic Signature of Signing Officer or Director

Date