2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2011
Secretary of State

DOCUMENT# N04000005161

Entity Name: FOSTER HEART LINK INC.

Current Principal Place of Business:

980 EDEN ISLE DR NE
ST PETERSBURG, FL 33704 US

New Principal Place of Business:

Current Mailing Address:

980 EDEN ISLE DR NE
ST PETERSBURG, FL 33704 US

New Mailing Address:

FEI Number: 20-1137668 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLEBERG, PATTIE
980 EDEN ISLE DR NE
ST PETERSBURG, FL 33704 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: D
Name: CLEBERG, PATTIE
Address: 980 EDEN ISLE DR NE
City-St-Zip: ST PETERSBURG, FL 33704 US

Title: D
Name: BEATON, GAYLE
Address: 5514 7 AVE N
City-St-Zip: ST PETERSBURG, FL 33710 US

Title: D
Name: TEEL, THOMAS E
Address: 1125 ALCAZAR WAY SO.
City-St-Zip: ST PETERSBURG, FL 33705 US

Title: D
Name: LICHT, ANDREW J
Address: 4235 32ND AVE N
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: D
Name: OSTERMAN, MONIKA
Address: 11011 126 TERRACE N
City-St-Zip: LARGO, FL 33778 US

Title: D
Name: DAULT, TESSA
Address: 4366 19TH STREET N
City-St-Zip: ST. PETERSBURG, FL 33714

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: PATTIE CLEBERG D 01/30/2011

Electronic Signature of Signing Officer or Director — Date