
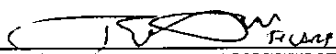


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N04000006522</b> 1. Entity Name <b>ORLANDO HEART CENTER FOUNDATION, INC.</b>						<div style="font-size: 24px; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 18px; transform: rotate(-5deg);">05 JUL 26 PM 3:48</div> <div style="font-size: 14px; transform: rotate(-5deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>60 WEST GORE ST. ORLANDO, FL 32806</b>				Mailing Address <b>60 WEST GORE ST. ORLANDO, FL 32806</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <div style="font-size: 24px; font-weight: bold;">20-1022462</div>				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  <b>CRANFORD, EDWARD K 60 WEST GORE ST. ORLANDO, FL 32806</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <div style="font-size: 18px; font-weight: bold;">FL</div>         Zip Code       </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D <b>DOMESCEK, RONALD R M.D.</b> <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS	60 WEST GORE ST.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32806			CITY-ST-ZIP			
TITLE	D <b>ISRAEL</b> <input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MANTECON, <b>ISRAEL</b> J M.D.			NAME	Mantecon, Israel J. M.D.		
STREET ADDRESS	60 WEST GORE ST.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32806			CITY-ST-ZIP			
TITLE	D <b>ROLAND</b> <input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FILART, <b>ROLAND</b> A M.D.			NAME	Filart, Roland A. M.D.		
STREET ADDRESS	60 WEST GORE ST.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32806			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.							
<b>SIGNATURE:</b> 				<b>7-19-05</b>		<b>407-650-1300</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	