


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000006522	
1. Entity Name ORLANDO HEART CENTER FOUNDATION, INC.	

Principal Place of Business 60 WEST GORE ST. ORLANDO, FL 32806	Mailing Address 60 WEST GORE ST. ORLANDO, FL 32806
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01112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1022462	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WYNNE, DOROTHEA
60 WEST GORE ST.
ORLANDO, FL 32806

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOMESCEK, RONALD R M.D. 60 WEST GORE ST. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANTECON, ISRAEL J M.D. 60 WEST GORE ST. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FILART, ROLAND A M.D. 60 WEST GORE ST. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/15/08-80022-008 61.25

**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: X Ronald R. Domescek RONALD R. DOMESCEK 3/1/08 407-680-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #