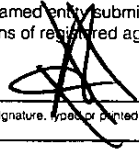
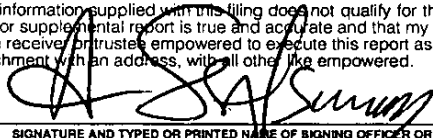


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90399 007 ****61.25

DOCUMENT # N04000009932 1. Entity Name NORTH FLORIDA CARDIOVASCULAR EDUCATION FOUNDATION, INC.					
Principal Place of Business 1301 RIVERPLACE BOULEVARD SUITE 2400 JACKSONVILLE, FL 32207			Mailing Address 1301 RIVERPLACE BOULEVARD SUITE 2400 JACKSONVILLE, FL 32207		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04262006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 20-1773470	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LBA CERTIFIED PUBLIC ACCOUNTANTS, P.A. 1301 RIVERPLACE BLVD., SUITE 2400 JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMPBELL, JAMES M.D. 3599 UNIVERSITY BLVD., SUITE 1106 JACKSONVILLE, FL 32216	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	* SEE ATTACHED For Additions to Directors
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHRANK, JOEL M.D. 836 PRUDENTIAL DRIVE, SUITE 1700 JACKSONVILLE, FL 32207	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEALS, A. ALLEN M.D. 3550 UNIVERSITY BLVD., SUITE 302 JACKSONVILLE, FL 32216	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PILCHER, GEORGE M.D. 1800 BARRS STREET JACKSONVILLE, FL 32204	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOLFORD, THOMAS M.D. 3599 UNIVERSITY BLVD. S. SUITE 1106 JACKSONVILLE, FL 32216	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREENE, TREVOR M.D. 3550 UNIVERSITY BLVD. S. SUITE 302 JACKSONVILLE, FL 32216	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date 04-26-06 Daytime Phone # 904-733-4444	

ATTACHMENT

40075670

#N04028009932

Additions to Directors in Box 10:

D

Carlos Alosilla, MD
1800 Barrs Street
Jacksonville, FL 32204

D

Norman Patton, MD
4500 San Pablo Road
Jacksonville, FL 32224

D

Leif Lohrbauer, MD
3900 University Blvd. S.
Jacksonville, FL 32216

D

Jim Chesebro, MD
4500 San Pablo Road
Jacksonville, FL 32224

D

Pankaj Gandhi, MD
2375 Univeristy Blvd. S.
Jacksonville, FL 32216

D

Mike Koren, MD
6428 Univeristy Blvd. S.
Jacksonville, FL 32216

D

Marc Litt, MD
836 Prudential Drive Ste. 1700
Jacksonville, FL 32207

D

Alan Miller, MD
655 W. 8th Street
Jacksonville, FL 32209

D

Joseph Moore, MD
6428 Beach Blvd.
Jacksonville, FL 32216

D

Stephen Stoers, MD
4205 Belfort Road #2065
Jacksonville, FL 32216