2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90399 007 ****61.25

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1. Entity Name
NORTH FLORIDA CARDIOVASCULAR EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
1301 RIVERPLACE BOULEVARD SUITE 2400 JACKSONVILLE, FL 32207	1301 RIVERPLACE BOULEVARD SUITE 2400 JACKSONVILLE, FL 32207

04262006 Chg-NP CR2E037 (11/05)

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 20-1773470 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LBA CERTIFIED PUBLIC ACCOUNTANTS, P.A. 1301 RIVERPLACE BLVD., SUITE 2400 JACKSONVILLE, FL 32207	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	☐ Change ☐ Addition ★ 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: _____ 04-26-06 904-733-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 400756700
#N04000009932

Additions to Directors in Box 10:

D
Carlos Alosilla, MD
1800 Barrs Street
Jacksonville, FL 32204

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

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