2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State
03-20-2007 90011 019 ****61.25

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

40038882

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

03122007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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 attachment
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: H. Allen Seals Treasurer 03-15-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 904-733-4444

ATTACHMENT 400388882

#N04000009932

Additions to Directors in Box 10:

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

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

D
Leif Lohrbauer, MD
Change ~~3900 University Blvd. S.~~ 6444 Beach Blvd
Jacksonville, FL 32216

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

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

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

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

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

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

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

Add

D
Jeffrey Hasenpud, MD
4205 Belfort Road, Ste 100
Jacksonville, FL 32216

D
Anthony Magnano, MD
1801 Barrs Street
Jacksonville, FL 32204

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