

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90011 015 \*\*\*\*61.25

**DOCUMENT # N04000009932**

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



40033662



02202008 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #  
501 Riverside Avenue

3. Mailing Address  
501 Riverside Avenue

Suite, Apt. #, etc.  
Suite 800

Suite, Apt. #, etc.  
Suite 800

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

Zip  
32202

Country  
DUAL

Zip  
32202

Country  
DUAL

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)  
501 Riverside Avenue

Suite 800

City  
Jacksonville

FL

Zip Code  
32202

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 Allen Seals 02/25/2008

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. ☐ \$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, JAMES M.D. 3599 UNIVERSITY BLVD., SUITE 1106 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRANK, JOEL M.D. 836 PRUDENTIAL DRIVE, SUITE 1700 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEALS, A. ALLEN M.D. 3550 UNIVERSITY BLVD., SUITE 302 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PILCHER, GEORGE M.D. 1800 BARRS STREET JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFORD, THOMAS M.D. 3599 UNIVERSITY BLVD. S. SUITE 1106 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, TREVOR M.D. 3550 UNIVERSITY BLVD. S. SUITE 302 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bisher, Edward M.D. 836 Prudential Drive, Suite 1700 Jacksonville, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOREN, Mike M.D. 6428 Beach Blvd Jacksonville, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lohrbauer, Leif M.D. 6444 Beach Blvd. Jacksonville, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGNANO, Anthony M.D. 1801 Barrs St. Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTON, Norm, M.D. 4500 San Pablo Road Jacksonville, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Allen Seals 02/25/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #