

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009932

FILED
Mar 09, 2009
Secretary of State

Entity Name: NORTH FLORIDA CARDIOVASCULAR EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

501 RIVERSIDE AVE STE 800
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

501 RIVERSIDE AVE STE 800
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 20-1773470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LBA CERTIFIED PUBLIC ACCOUNTANTS, P.A.
501 RIVERSIDE AVE STE 800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAMPBELL, JAMES M.D.
Address: 3599 UNIVERSITY BLVD., SUITE 1106
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: SCHRANK, JOEL M.D.
Address: 836 PRUDENTIAL DRIVE, SUITE 1700
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: SEALS, A. ALLEN M.D.
Address: 3550 UNIVERSITY BLVD., SUITE 302
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: PILCHER, GEORGE M.D.
Address: 1800 BARRS STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: WOLFORD, THOMAS M.D.
Address: 3599 UNIVERSITY BLVD. S. SUITE 1106
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: GREENE, TREVOR M.D.
Address: 3550 UNIVERSITY BLVD. S. SUITE 302
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN A. SEALS, M.D.

DIR

03/09/2009

Electronic Signature of Signing Officer or Director

Date