

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005086

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: SAVE-A-HEART FOUNDATION, INC.

## Current Principal Place of Business:

17913 NW 7TH ST, SUITE 103  
PEMBROKE PINES, FL 33029

## New Principal Place of Business:

60 EDGEWATER DR  
3H  
CORAL GABLE, FL 33133

## Current Mailing Address:

17913 NW 7TH ST, SUITE 103  
PEMBROKE PINES, FL 33029

## New Mailing Address:

60 EDGEWATER DR  
3H  
CORAL GABLE, FL 33133

FEI Number: 20-3272039

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WARE, JONATHAN S MD  
500 S.W. 108TH AVE., APT. 101  
PEMBROKE PINES, FL 33025 US

## Name and Address of New Registered Agent:

TROCONIS, CARLOS J MD  
60 EDGEWATER DR  
3 H  
CORAL GABLES, FL 33133 US

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: CARLOS JULIO TROCONIS

04/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: M.D. ( ) Delete  
Name: TROCONIS, CARLOS  
Address: 17913 NW 7TH ST, SUITE 103  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DS (X) Delete  
Name: JONATHAN, WARE S  
Address: 11214 PINES BLVD, UNIT 217  
City-St-Zip: PEMBROKE PINES, FL 33026

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M.D. (X) Change ( ) Addition  
Name: TROCONIS, CARLOS  
Address: 60 EDGEWATER DR  
City-St-Zip: CORAL GABLES, FL 33133

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: CARLOS JULIO TROCONIS

MD

04/24/2009

Electronic Signature of Signing Officer or Director

Date