

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90081 037 ****70.00

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1. Entity Name
SOUTHEASTERN CARDIOVASCULAR SOCIETY, INC.



Principal Place of Business
**300 HEALTH PARK BLVD.
SUITE 5000
ST. AUGUSTINE, FL 32086**

Mailing Address
**300 HEALTH PARK BLVD.
SUITE 5000
ST. AUGUSTINE, FL 32086**



01162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4084661

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 FL**

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IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MUEHRCKE, DEREK M.D.
STREET ADDRESS	1820 BARRS STREET, SUITE 710 300 Health Park Blvd
CITY-ST-ZIP	JACKSONVILLE, FL 32204 SUITE 5000 ST. AUGUSTINE, FL 32086
TITLE	D
NAME	FERRIS, GEORGE M.D.
STREET ADDRESS	201 HEALTH PARK BLVD., SUITE 105
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	D
NAME	VLAHAKES, GUS M.D.
STREET ADDRESS	55 FRUIT STREET, BULFINCH 119
CITY-ST-ZIP	BOSTON, MA 02114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *D Muehrcke*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08
Date

Daytime Phone #