2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N05000012886

Entity Name: SOUTHEASTERN CARDIOVASCULAR SOCIETY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-4084661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LBA CERTIFIED PUBLIC ACCOUNTANTS, P.A.
1301 RIVERPLACE BLVD., SUITE 2400
JACKSONVILLE, FL FL 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: PD ( ) Delete
Name: MUEHRCKE, DEREK M.D.
Address: 300 HEALTH PRK BLVD STE 5000
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete
Name: FERRIS, GEORGE M.D.
Address: 201 HEALTH PARK BLVD., SUITE 105
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D ( ) Delete
Name: VLAHAKES, GUS M.D.
Address: 55 FRUIT STREET, BULFINCH 119
City-St-Zip: BOSTON, MA 02114

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:

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: MUEHRCKE, DERDK PD 02/19/2009

Electronic Signature of Signing Officer or Director — Date