2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2010
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
Name: MUEHRCKE, DEREK M.D.
Address: 300 HEALTH PRK BLVD STE 5000
City-St-Zip: SAINT AUGUSTINE, FL 32086

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

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

I hereby 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 all other like empowered.

SIGNATURE: DEREK MUEHRCKE PD 02/15/2010

Electronic Signature of Signing Officer or Director — Date