

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000012886

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**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: 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

PRES

01/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date