

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010746

FILED
Apr 30, 2009
Secretary of State

Entity Name: HEART GALLERY OF BROWARD COUNTY, INC.

Current Principal Place of Business:

827 S. STATE RD. 7
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

827 S. STATE RD. 7
NORTH LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: 06-1799263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COON JR., THOMAS T. ESQ.
888 S. ANDREWS AVE., STE. 204
FT. LAUDERDALE, FL 33316 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: P () Delete
Name: CREEP, ANDREW
Address: 550 W. CYPRESS CREEK RD
City-St-Zip: FT LAUDERDALE, FL 33309

Title: VP () Delete
Name: STRAEB, MATHEW
Address: 2816 NE 25 CT
City-St-Zip: FT LAUDERDALE, FL 33305

Title: S () Delete
Name: MARKER, PEG
Address: 2617 DEL MAR PL
City-St-Zip: FT LAUDERDALE, FL 33301

Title: T () Delete
Name: COON, THOMAS
Address: 888 S ANDREWS AVE #204
City-St-Zip: FT LAUDERDALE, FL 33316

Title: AT () Delete
Name: HANAKA, NICOLE
Address: 1627 SE 7 ST
City-St-Zip: FT LAUDERDALE, FL 33316

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:

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: THOMAS T COON JR

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date