2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N07000005073

Entity Name: IRVING MOSTEL HEART ATTACK RAPID RESPONSE TRACK, INC.

Current Principal Place of Business:

178 THORNTON DRIVE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

178 THORNTON DRIVE
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 26-0387248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSTEL, EDWARD M.D.
178 THORNTON DRIVE
PALM BEACH GARDENS, FL 33418 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:	ED	( ) Delete
Name:	MOSTEL, EDWARD M.D.	
Address:	178 THORNTON DR	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	D	( ) Delete
Name:	MCFARLAND, SCOTT M.D.	
Address:	5589 WHIRLAWAY RD	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	D	( ) Delete
Name:	LAMPE, MARY	
Address:	10630 PIAZZA FONTANA	
City-St-Zip:	W PALM BEACH, FL 33412	
Title:	D	( ) Delete
Name:	HELMS, RACHEL M	
Address:	121 SANTIAGO DR - # 106	
City-St-Zip:	JUPITER, FL 33458	

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:	

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: EDWARD MOSTEL ED 03/22/2009

Electronic Signature of Signing Officer or Director — Date