

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006757

FILED
Jan 14, 2009
Secretary of State

Entity Name: A DOCTOR'S HEART INC.

Current Principal Place of Business:

4462 WHISPERING OAKS DRIVE
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

4462 WHISPERING OAKS DRIVE
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 30-0429370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOLES, LISA JD
RADEY THOMAS YON AND CLARK
301 SOUTH BRONOUGH STREET, SUITE 200
TALLAHASSEE, FL 32301 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: SCOLES, WESLEY D MD
Address: 4462 WHISPERING OAKS DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP () Delete
Name: GWARTNEY, SCOTT JD
Address: 6072 PICKWICK ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: T () Delete
Name: HARMAN, PAUL OD
Address: 1421 SILVER PINE LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: S () Delete
Name: GUERRY, KATRINA
Address: PO BOX 1284
City-St-Zip: MONTICELLO, FL 32345

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: S (X) Change () Addition
Name: FITZSIMMONS, KATRINA
Address: 4450 BUCKEYE LANE #209
City-St-Zip: DAYTON, OH 45440

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: PAUL L. HARMAN

T

01/14/2009

Electronic Signature of Signing Officer or Director

Date