

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007753

Entity Name: PUTNAM HEARTSAFE INC

FILED  
Apr 27, 2008  
Secretary of State

## Current Principal Place of Business:

120 ORIE GRIFFIN BLVD.  
PALATKA, FL 32177

## New Principal Place of Business:

410 S HIGHWAY 19  
PALATKA, FL 32177

## Current Mailing Address:

120 ORIE GRIFFIN BLVD.  
C/O EMS MEDICAL DIRECTOR  
PALATKA, FL 32177

## New Mailing Address:

410 S HIGHWAY 19  
PALATKA, FL 32177

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILANICK, JOHN C MD  
120 ORIE GRIFFIN BLVD.  
PALATKA, FL 32177 US

## Name and Address of New Registered Agent:

MILANICK, JOHN C  
410 S HIGHWAY 19  
PALATKA, FL 32177 US

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: JOHN C MILANICK

04/27/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MILANICK, JOHN C MD  
Address: 120 ORIE GRIFFIN BLVD.  
City-St-Zip: PALATKA, FL 32177

Title: VP ( ) Delete  
Name: PATTERSON, MICHAEL  
Address: 120 ORIE GRIFFIN BLVD.  
City-St-Zip: PALATKA, FL 32177

Title: T ( ) Delete  
Name: PRICE, VICKI  
Address: 120 ORIE GIRFFIN BLVD  
City-St-Zip: PALATKA, FL 32177

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MILANICK, JOHN C  
Address: 410 S HIGHWAY 19  
City-St-Zip: PALATKA, FL 32177

Title: VP (X) Change ( ) Addition  
Name: PATTERSON, MICHAEL  
Address: 410 S HIGHWAY 19  
City-St-Zip: PALATKA, FL 32177

Title: T (X) Change ( ) Addition  
Name: PRICE, VICKI  
Address: 410 S HIGHWAY 19  
City-St-Zip: PALATKA, FL 32177

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: JOHN C MILANICK

PRES

04/27/2008

Electronic Signature of Signing Officer or Director

Date