

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008830

FILED
Apr 29, 2009
Secretary of State

Entity Name: ART WITH A HEART IN HEALTHCARE, INC.

Current Principal Place of Business:

1100 SAWGRASS VILLAGE DRIVE
SUITE 201A
PONTE VEDRA BEACH, FL 320821809

New Principal Place of Business:

841 PRUDENTIAL DRIVE
SUITE 204
JACKSONVILLE, FL 32207

Current Mailing Address:

1100 SAWGRASS VILLAGE DRIVE
SUITE 201A
PONTE VEDRA BEACH, FL 320821809

New Mailing Address:

841 PRUDENTIAL DRIVE
SUITE 204
JACKSONVILLE, FL 32207

FEI Number: 26-1313805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURLEY, CHARLES R ESQ.
1301 RIVERPLACE BOULEVARD
SUITE 1500
JACKSONVILLE, FL 32207 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: USSERY, LISA L
Address: 346 PABLO TERRACE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP () Delete
Name: GUADUGRIO, LORI
Address: 407 16TH AVE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T () Delete
Name: MONSKY, ROBERT
Address: 132 HARBOUR MASTER DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GUADAGNO, LORI
Address: 407 16TH AVE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: JEANETTE M. TOOHEY

ED

04/29/2009

Electronic Signature of Signing Officer or Director

Date