

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008830

FILED  
Feb 16, 2012  
Secretary of State

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

**Current Principal Place of Business:**

841 PRUDENTIAL DRIVE  
SUITE 204  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

841 PRUDENTIAL DRIVE  
SUITE 204  
JACKSONVILLE, FL 32207 US

**Current Mailing Address:**

841 PRUDENTIAL DRIVE  
SUITE 204  
JACKSONVILLE, FL 32207

**New Mailing Address:**

841 PRUDENTIAL DRIVE  
SUITE 204  
JACKSONVILLE, FL 32207 US

**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: COB  
Name: MCLAUCHLAN, KRISTIN  
Address: 822 A1A NORTH, STE. 101  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: BOD  
Name: ULLMAN, LISA  
Address: 346 PABLO TERRACE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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

Title: BOD  
Name: HALL, SAM  
Address: 966 PONTE VEDRA BLVD.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: SEC  
Name: GREENE, CYNTHIA  
Address: 8044 WHISPER LAKE LN.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: BOD  
Name: CORLESS, GARY  
Address: 4345 SOUTHPPOINT BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32216 US

I hereby 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 all other like empowered.

SIGNATURE: TAYLOE MCDONALD WHITE

ED

02/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date