

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 10, 2008
Secretary of State

DOCUMENT# N07000009685

Entity Name: PALM BEACH COUNTY HEART GALLERY OF FLORIDA, INC.**Current Principal Place of Business:**315 S. DIXIE HWY
SUITE 102
WEST PALM BEACH, FL 33401**New Principal Place of Business:****Current Mailing Address:**315 S. DIXIE HWY
SUITE 102
WEST PALM BEACH, FL 33401**New Mailing Address:****FEI Number:** 26-1232280**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NORRIS, ROBERT D
THE OAKS CENTER
2501-A BURNS ROAD
PALM BEACH GARDENS, FL 33410 US**Name and Address of New Registered Agent:**NORRIS, ROBERT D
111 PEMBROKE DRIVE
PALM BEACH GARDENS, FL 33418 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: LINDA NORRIS

09/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NORRIS, LINDA K
Address: 111 PEMBROKE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: S () Delete
Name: CALLAN, CATHERINE
Address: 1907 HARTFORD
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: V () Delete
Name: WARREN, JUDITH
Address: 3333 FOREST HILL BLVD.,
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: T () Delete
Name: CALLAN, CATHERINE
Address: 1907 HARTFORD
City-St-Zip: WEST PALM BEACH, FL 33409 US

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: T (X) Change () Addition
Name: NORRIS, ROBERT D
Address: 111 PEMBROKE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

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: LINDA NORRIS

P

09/10/2008

Electronic Signature of Signing Officer or Director

Date