## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000010951

FILED Apr 16, 2009 Secretary of State

**Entity Name:** HEART GALLERY NORTH FLORIDA, INC. **Current Principal Place of Business: New Principal Place of Business:** 525 N MARTIN LUTHER KING BLVD 525 N MARTIN LUTHER KING JR BLVD TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** 525 N MARTIN LUTHER KING BLVD 525 N MARTIN LUTHER KING JR BLVD TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 FEI Number: 26-4080836 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THURMAN, CHRISTINE ATTORNE 217 N FRANKLIN BLVD TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CROOM, SHERRI Name: Name: 2112 EVERGREEN DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: () Delete Title: () Change () Addition BARKSDALE, JACKIE Name: Name: Address: 1333 LAWNDALE ROAD Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: Title: () Delete Title: () Change () Addition DONOFRO, KATHY Name: Name: 910 HARRISON AVENUE Address: Address: City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition CLARK, LEIGH Name: Name: Address: Address: 4766 GAUTIER DR City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32303

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: LEIGH ANN CLARK Τ 04/16/2009