

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jan 31, 2010
Secretary of State

DOCUMENT# N09000006422

Entity Name: INSTITUTE FOR MINIMALLY INVASIVE VALVE SURGERY AT AHI, INCORPORATED**Current Principal Place of Business:**700 DOCTORS COURT
LEESBURG, FL 34748**New Principal Place of Business:****Current Mailing Address:**700 DOCTORS COURT
LEESBURG, FL 34748**New Mailing Address:****FEI Number:** 27-0465749**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MOORE, WISTAR III
700 DOCTORS COURT
LEESBURG, FL 34748 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
Name: MOORE, WISTAR III
Address: 700 DOCTORS COURT
City-St-Zip: LEESBURG, FL 34748

Title: VP
Name: HAWKINS, TIMOTHY F
Address: 1451 EL CAMINO REAL
City-St-Zip: THE VILLAGES, FL 32159

Title: ST
Name: RICHARDSON, ROBERT J
Address: 700 DOCTORS COURT
City-St-Zip: LEESBURG, FL 34748

Title: D
Name: CLEAVER, DAVID
Address: 36039 VIA GRAN
City-St-Zip: GRAND ISLAND, FL 32735

Title: D
Name: OWEN, THOMAS
Address: 35526 ESTES ROAD
City-St-Zip: EUSTIS, FL 32736

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: WISTAR MOORE, III

P

01/31/2010

Electronic Signature of Signing Officer or Director

Date