

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001499

FILED  
Apr 03, 2012  
Secretary of State

**Entity Name:** FLORIDA INVITATIONAL INTERVENTIONAL CARDIOLOGY SEMINAR, INC.

**Current Principal Place of Business:**

1511 SW 1ST AVENUE  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3130  
OCALA, FL 34478 US

**New Mailing Address:**

**FEI Number:** 27-1933368

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORTES, JOSE H JR.  
4 SOUTHEAST BROADWAY STREET  
OCALA, FL 34471 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: DIR  
Name: SANTOIAN, EDWARD C  
Address: 1511 SW 1ST AVENUE  
City-St-Zip: Ocala, FL 34474 US

Title: DIR  
Name: FELDMAN, ROBERT L  
Address: 1511 SW 1ST AVENUE  
City-St-Zip: Ocala, FL 34474 US

Title: DIR  
Name: VON MERING, GREGORY O  
Address: 1511 SW 1ST AVENUE  
City-St-Zip: Ocala, FL 34474 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: ROBERT L FELDMAN, M.D.

DIR

04/03/2012

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

\_\_\_\_\_  
Date