

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011027

FILED  
Apr 05, 2012  
Secretary of State

Entity Name: OPEN HEART THERAPY INC.

**Current Principal Place of Business:**

717 NW 8TH COURT  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

717 NW 8TH COURT  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CASSIDY, JOANNA  
717 NW 8TH COURT  
BOYNTON BEACH, FL 33426 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: PRES  
Name: YANCEY, KIM  
Address: 1706 BARTON CT  
City-St-Zip: LAKE WORTH, FL 33460

Title: VP  
Name: CASSIDY, JOANNA  
Address: 717 NW 8TH CT  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: TRES  
Name: DUNN, TIMOTHY  
Address: P.O. BOX 3145  
City-St-Zip: TEQUESTA, FL 33469

Title: SEC  
Name: JOHNSON, LATASHA  
Address: 428 S A STREET  
City-St-Zip: LAKE WORTH, FL 33460

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: JOANNA CASSIDY

VP

04/05/2012

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

\_\_\_\_\_  
Date