

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002266

FILED
Feb 16, 2012
Secretary of State

Entity Name: OMA'S HEART, INC.

Current Principal Place of Business:

4423 SE 12TH AVE
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

PO BOX 100016
CAPE CORAL, FL 339100016

New Mailing Address:

PO BOX 100016
CAPE CORAL, FL 33910

FEI Number: 27-4741716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCFALLS, AUDREY
4423 SE 12TH AVE
CAPE CORAL, FL 33904 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: CD
Name: MCFALLS, AUDREY
Address: 4423 SE 12TH AVE
City-St-Zip: CAPE CORAL, FL 33904

Title: MD
Name: BURCH, CAROLINE
Address: 4423 SE 12TH AVE
City-St-Zip: CAPE CORAL, FL 33904

Title: D
Name: MCFALLS, AMANDA
Address: 4423 SE 12TH AVE
City-St-Zip: CAPE CORAL, FL 33904

Title: D
Name: MACKENZIE, DAWN MARIE
Address: 4423 SE 12TH AVE
City-St-Zip: CAPE CORAL, FL 33904

Title: D
Name: SCHMELZ, JENNIFER
Address: 4423 SE 12TH AVE
City-St-Zip: CAPE CORAL, FL 33904

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: AUDREY MCFALLS

CD

02/16/2012

Electronic Signature of Signing Officer or Director

Date