

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12939** (7)
1. Corporation Name
THE HEART AND LUNG INSTITUTE AT ST. VINCENT'S, I NC.



Principal Place of Business	Mailing Address
1801 BARRS STREET, SUITE 5747 P.O. BOX 40341 JACKSONVILLE FL 32204	1801 BARRS STREET, SUITE 5747 P.O. BOX 40341 JACKSONVILLE FL 32204-4732

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/31/1985	06/06/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2755423	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24	25	29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARVEY GRANGER 1301 RIVERPLACE BLVD, STE. 1700 STE 5747 JACKSONVILLE FL 32207				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
					FL		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOGUE, JOHN W			1.2 NAME			
STREET ADDRESS	1800 BARRS STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP			
TITLE	VCD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOLFE, KEVIN, M. D.			2.2 NAME			
STREET ADDRESS	1800 BARRS STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRAWTZ, STEVEN M			3.2 NAME			
STREET ADDRESS	1800 BARRS STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BONFILI, TONI			4.2 NAME			
STREET ADDRESS	1800 BARRS STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALCEDO, ERNESTO			5.2 NAME			
STREET ADDRESS	1801 BARRS STR, STE 220			5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature] 904-202-5118

CR2E037 (9/96)