

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21302 (7)
1. Corporation Name
THE HEART INSTITUTE AT TALLAHASSEE MEMORIAL, INC



Principal Place of Business Mailing Address
MAGNOLIA DR & MICCOSUKEE RD. MAGNOLIA DR & MICCOSUKEE RD.
TALLAHASSEE FL 32308 TALLAHASSEE FL 32308

3. Date Incorporated or Qualified 06/24/1987 3a. Date of Last Report 02/19/1996
4. FEI Number 59-2835436 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, GERALD T.
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCKENZIE, EARL, III			1.2 NAME			
STREET ADDRESS	2100 TRESSGOTT DRIVE 410 Vinnedy Rde			1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32303			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BIXLER, THOMAS J.			2.2 NAME			
STREET ADDRESS	1444 SPRUCE AVE 421 Meridian Pl.			2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32303			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JAWDE, ANDRE			3.2 NAME			
STREET ADDRESS	2501 CHAMBERLIN DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TEDRICK, DAVID L.			4.2 NAME			
STREET ADDRESS	2556 MARSTON RD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILLIAMS, DENNIS E.			5.2 NAME			
STREET ADDRESS	614 SHORT STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			5.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MOORE, DUNCAN			6.2 NAME			
STREET ADDRESS	2179 MILLERS LANDING RD.			6.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			6.4 CITY-ST-ZIP			

400002074394
-01/31/97--01007--019
***61.25

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: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR