2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2005 8:00 am
Secretary of State
04-19-2005 90392 049 ****61.25

DOCUMENT # N22739

1. Entity Name

FLORIDA CHAPTER, AMERICAN COLLEGE OF CARDIOLOGY, INC.

66019662

1st MOORE CR2E037 (10/04)

Principal Place of Business	Mailing Address
6800 NORTH DALE MABRY SUITE 186 TAMPA FL 33614	6800 NORTH DALE MABRY SUITE 186 TAMPA FL 33614
2. Principal Place of Business 2607 Edgewater Dr Suite, Apt. #, etc. 319 City & State Orlando FL Zip 32804 Country USA	3. Mailing Address 2607 Edgewater Dr Suite, Apt. #, etc. 319 City & State Orlando FL Zip 32804 Country USA

4. FEI Number 59-2752610 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MICK, WIL 6800 NORTH DALE MABRY SUITE 186 TAMPA FL 33614	Name: JENNIFER RAY BECKMAN Street Address (P.O. Box Number is Not Acceptable): 2609 EDGEWATER DR #319 City: ORLANDO FL Zip Code: 32804

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 4-11-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHAZAL, RICHARD A MD 8540 COLLEGE PARKWAY FORT MYERS FL 33919 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COUTI, JAMIE B. MD 1600 SW ARCHER RD BOX 100277 GAINESVILLE FL 32610 PRESIDENT ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MONTALVA, ALBERTO E 316 MANATEE AVE. W BRADENTON FL 34205 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BECKMAN, JENNIFER RAY 2609 EDGEWATER DR #319 ORLANDO FL 32804 EXECUTIVE DIRECTOR ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD MICK,WIL 6800 N. DALE MABRY #186 TAMPA FL 33614 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-11-05 877-793-8171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #