

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90232 009 ****61.25

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04092007 Chg-NP CR2E037 (12/06)

DOCUMENT # N22739 1. Entity Name FLORIDA CHAPTER, AMERICAN COLLEGE OF CARDIOLOGY, INC.					
Principal Place of Business 2607 EDGEWATER DRIVE SUITE 319 ORLANDO, FL 32804			Mailing Address 2607 EDGEWATER DRIVE SUITE 319 ORLANDO, FL 32804		
2. Principal Place of Business - No P.O. Box # 3208 E. Colonial Dr		3. Mailing Address 3208 E. Colonial Dr			
Suite, Apt. #, etc. Ste 264		Suite, Apt. #, etc. Ste 264			
City & State Orlando FL		City & State Orlando FL			
Zip 32803		Country USA		Zip 32803	
Country USA		4. FEI Number 59-2752610			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAY BECKMAN, JENNIFER 2609 EDGEWATER DRIVE SUITE 319 ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name RAY BECKMAN, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 3208 E. COLONIAL DR City ORLANDO FL 32803		
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONTALVA, ALBERTO E 316 MANATEE AVE. W BRADENTON, FL 34205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONTI, MD, JAMIE B. 1600 SW ARCHER ROAD, BOX 100277 GAINESVILLE, FL 32610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED BECKMAN, JENNIFER RAY 2604 EDGEWATER DRIVE, SUITE 319 ORLANDO, FL 32804	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED JENNIFER RAY BECKMAN 3208 E. COLONIAL DR. ORLANDO FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THERESA DANIEL PAULY 1466 SW ARCHER RD BOX 100277 GAINESVILLE FL 32610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 6/14/07 Daytime Phone # 877-793-8171					