

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22739

FILED
Apr 29, 2008
Secretary of State

Entity Name: FLORIDA CHAPTER, AMERICAN COLLEGE OF CARDIOLOGY, INC.

Current Principal Place of Business:

3208 E. COLONIAL DR
SUITE 264
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

3208 E. COLONIAL DR
SUITE 264
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-2752610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY BECKMAN, JENNIFER
3208 E. COLONIAL DR
ORLANDO, FL 32803 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: P () Delete
Name: CHAZAL, RICHARD A MD
Address: 8540 COLLEGE PARKWAY
City-St-Zip: FORT MYERS, FL 33919

Title: P (X) Delete
Name: MONTALVA, ALBERTO E
Address: 316 MANATEE AVE. W
City-St-Zip: BRADENTON, FL 34205

Title: P () Delete
Name: CONTI, MD, JAMIE B.
Address: 1600 SW ARCHEL ROAD, BOX 100277
City-St-Zip: GAINESVILLE, FL 32610

Title: D () Delete
Name: BECKMAN, JENNIFER R
Address: 3208 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

Title: T () Delete
Name: PAULY, DANIEL
Address: 1600 SWARCEEK RD
City-St-Zip: GAINESVILLE, FL 32610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MONTALVO, ALBERTO MD
Address: 316 MANATEE AVE
City-St-Zip: BRADENTON, FL 34205

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PP (X) Change () Addition
Name: CONTI, JAMIE B MD
Address: 1600 SW ARCHEL ROAD, BOX 100277
City-St-Zip: GAINESVILLE, FL 32610

Title: ED (X) Change () Addition
Name: BECKMAN, JENNIFER R
Address: 3208 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JENNIFER RAY BECKMAN

ED

04/29/2008

Electronic Signature of Signing Officer or Director

Date