


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90051 019 ****61.25

DOCUMENT # N35942
 1. Entity Name
OCALA HEART INSTITUTE FOUNDATION, INC.



Principal Place of Business: **1511 S.W. 1ST AVE: SUITE 200 Ocala FL 34474 US**
 Mailing Address: **P O DRAWER 3130 Ocala FL 34478-3130 US**

2. Principal Place of Business: Suite, Apt. #, etc.
Delete Suite Number

3. Mailing Address: Suite, Apt. #, etc.
 City & State



MOORE CR2E037 (11/03)

4. FEI Number: **59-2992536**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CARMICHAEL, MICHAEL J
 1511 SW 1ST AVE #200
 Ocala FL 34474**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
Delete Suite Number
 City: _____ **FL** Zip Code: _____

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

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

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 | |
|------------------------------------------------------------------------------------------------------------|---------------------------------|
| TITLE: PD NAME: CARMICHAEL, MICHAEL J.MD STREET ADDRESS: 1511 SW 1ST AVENUE CITY-ST-ZIP: Ocala FL | <input type="checkbox"/> Delete |
| TITLE: ST NAME: ADAMS, R KENT STREET ADDRESS: 1511 SW 1ST AVE CITY-ST-ZIP: Ocala FL | <input type="checkbox"/> Delete |
| TITLE: D NAME: CHUNG, S. PETER STREET ADDRESS: 1511 SW 1ST AVE. CITY-ST-ZIP: Ocala FL 34474 | <input type="checkbox"/> Delete |
| TITLE: D NAME: GALAS, JOHN A STREET ADDRESS: 1511 SW 1ST AVE. CITY-ST-ZIP: Ocala FL 34474 | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: GALAT STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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: *[Signature]* **2-10-04** **352-867-8311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #