


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90067 018 ****61.25

1/ Entity Name
EPDVNF0U\$ N35942
OCALA HEART INSTITUTE FOUNDATION, INC.



Principal Place of Business
 1511 S.W. 1ST AVE.
 Ocala, FL 34474 US

Mailing Address
 P O DRAWER 3130
 Ocala, FL 34478-3130 US

3/ Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

4/ Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

01092007 Di h.OQ DS3F148)23017*

5/ FEI Number
59-2992536

Applied For
 Not Applicable

6/ Certificate of Status Desired 8/86 Beejupobm
 G f I S f r v j s e



7/ Obn f lboelBee f t t lpgDves ouSf hjt uf sf elBhf ou

CARMICHAEL, MICHAEL J
 1511 SW 1ST AVE
 Ocala, FL 34474

8/ Obn f lboelBee f t t lpgOf x ISf hjt uf sf elBhf ou

Name
~~David E S Peter Chung MD~~

Street Address (P.O. Box Number is Not Acceptable)
 1511 SW 1st Avenue

City
 Ocala FL 34474

9/ 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 S. Peter Chung MD DATE 04/26/07

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

Filing Fee is \$61.25 Due by May 1, 2007

Election Campaign Financing Trust Fund Contribution. 11 NbzICr l Bee f elpICf f t

Make check payable to Florida Department of State

21/ OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARMICHAEL, MICHAEL J.MD 1511 SW 1ST AVENUE OCALA, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ADAMS, R KENT 1511 SW 1ST AVE OCALA, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUNG, S. PETER 1511 SW 1ST AVE. OCALA, FL 34474 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALAT, JOHN A 1511 SW 1ST AVE. 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

22/ 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	P Chung, S. Peter <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Galat, John A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V R Duane Cook 1511 SW 1st Avenue Ocala, FL 34474 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S R Craig Kuykendall, 1511 SW 1st Avenue Ocala FL 34474 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

23/ 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.

T.JOBVUSF; S. Peter Chung MD DATE 04/26/07 352-867-8311

T.JOBVUSF BOELZ OF EP S YOS. OLF E IOB N F P GT. HO. CHIP GG D F S P S E. BF D U P S