

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35942

FILED  
Mar 10, 2010  
Secretary of State

**Entity Name:** OCALA HEART INSTITUTE FOUNDATION, INC.

**Current Principal Place of Business:**

1511 S.W. 1ST AVE.  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O DRAWER 3130  
OCALA, FL 344783130 US

**New Mailing Address:**

FEI Number: 59-2992536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHUNG, PETER S MD  
1511 SW 1ST AVE  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

CORTES, JOSE ESQ  
BLANCHARD, MERRIAM, ADEL & KIRKLAND, PA  
4 SE BROADWAY  
OCALA, FL 34471 US

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: JOSE CORTES, ESQ

03/10/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: COOK, R. DUANE M.D.  
Address: 1511 SW 1ST AVE.  
City-St-Zip: OCALA, FL 34471

Title: SEC  
Name: STOCKMAN, FRANCES F  
Address: 1511 SW 1ST AVE.  
City-St-Zip: OCALA, FL 34471

Title: MEM  
Name: CHUNG, S. PETER M.D.  
Address: 1511 SW 1ST AVE  
City-St-Zip: OCALA, FL 34471

Title: MEM  
Name: CROUCH, F. MICHAEL M.D.  
Address: 1511 SW 1ST AVE  
City-St-Zip: OCALA, FL 34471

I hereby 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 all other like empowered.

SIGNATURE: R. DUANE COOK, M.D.

PRES

03/10/2010

Electronic Signature of Signing Officer or Director

Date