

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003832 (2)

1. Corporation Name

ORLANDO HEART NETWORK, INC.



Principal Place of Business

Mailing Address

~~2020 CURLEW ROAD, SUITE 7E~~
PALM HARBOR FL 34683

~~2323 CURLEW ROAD, SUITE 7E~~
PALM HARBOR FL 34683

2. Principal Place of Business

21 80 W. Lucerne Circle

Suite, Apt. #, etc.

22

23 Orlando, Florida

City & State

Zip

32801

Country

USA

2a. Mailing Address

26 80 W. Lucerne Circle

Suite, Apt. #, etc.

27

28 Orlando, Florida

City & State

Zip

32801

Country

USA

9. Name and Address of Current Registered Agent

JACOBSON, CHARLES J
2323 CURLEW ROAD, SUITE 7E
PALM HARBOR FL 34683

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

08/02/1994

3a. Date of Last Report

04/26/1995

4. FBI Number

59-3262693

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(If filer is Registered Agent, signature required below under 13a)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
GREENWOOD, SCOTT D
STREET ADDRESS 80 W. LUCERNE CIRCLE
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ DELETE

NAME VSD
GROSS, HOWARD E
STREET ADDRESS 80 W. LUCERNE CIRCLE
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ DELETE

NAME RD
JOHNSON, MELVIN J
STREET ADDRESS 80 W. LUCERNE CIRCLE
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800001771669

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***261.25

☐ Change ☐ Addition

324.5

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Scott D. Greenwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96

Date

407-246-8600
Daytime Phone #

CR2E037 (12/95)