

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90116 014 \*\*\*\*61.25

**DOCUMENT #** NS 000001289

1. Entity Name

THE FOUNDATION OF THE FLORIDA CHAPTER OF THE  
AMERICAN COLLEGE OF CARDIOLOGY, INC.



Principal Place of Business

Mailing Address

2607 EDGEWATER DR  
# 319  
ORLANDO FL 32804

2607 EDGEWATER DR.  
# 319  
ORLANDO FL 32804



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3389647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELKMAN, JENNIFER RAY  
2607 EDGEWATER DR  
# 319  
ORLANDO FL 32804

Name **JENNIFER RAY BECKMAN**

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

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME PEPINE, CARL J M.R.  
STREET ADDRESS 1600 ARCHER RD  
CITY-ST-ZIP GAINESVILLE FL 32610

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **ALBERTO E. MONTALVO, M.D.**  
CITY-ST-ZIP **316 MANATEE AVEW.**  
**BRADENTON FL 34205**

TITLE ☒ Delete  
NAME KAISER, GERARD A M.R.  
STREET ADDRESS P.O. BOX 016960 N/A  
CITY-ST-ZIP MIAMI FL 33101

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **RICHARD CONTI**  
CITY-ST-ZIP **1600 SW ARCHER RD BOX 100277**  
**GAINESVILLE FL 32610**

TITLE ☐ Delete  
NAME NOCERO, MICHAEL A M.D.  
STREET ADDRESS 500 E. COLONIAL DRIVE  
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **W. DANIEL DOTY**  
CITY-ST-ZIP **2011 W HALEY AVE**  
**PENSACOLA FL 32503**

TITLE ☒ Delete  
NAME MCINTOSH, HENRY D M.D.  
STREET ADDRESS 1600 LAKELAND HILLS BLVD.  
CITY-ST-ZIP LAKELAND FL 33805

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME BELINAN, JENNIFER RAY  
STREET ADDRESS 2607 EDGEWATER DR, # 319  
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JENNIFER RAY BECKMAN

Date

Daytime Phone #

3/28/06 877-792-8171