2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N96000001289

Entity Name: THE FOUNDATION OF THE FLORIDA CHAPTER OF THE AMERICAN COLLEGE OF CARDIOLOGY, INC.

Current Principal Place of Business:

3208 E. COLONIAL DR
STE 264
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

3208 E. COLONIAL DR
STE 264
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3389647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKMAN, JENNIFER R
3208 E. COLONIAL DR
STE 264
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MONTALVO, ALBERTO E M.D.	
Address:	316 MANATEE AVE	
City-St-Zip:	BRADENTON, FL 34205	
Title:	D	( ) Delete
Name:	CONTI, RICHARD	
Address:	1600 SW ARCHER RD BOX 100277	
City-St-Zip:	GAINESVILLE, FL 32610	
Title:	D	( ) Delete
Name:	NOCERO, MICHAEL A M.D.	
Address:	500 E. COLONIAL DRIVE	
City-St-Zip:	ORLANDO, FL 32803	
Title:	D	( ) Delete
Name:	DOTY, DANIEL W	
Address:	2011 WHALEY AVE	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	ED	( ) Delete
Name:	BECKMAN, JENNIFER RAY	
Address:	3208 E. COLONIAL DR STE 264	
City-St-Zip:	ORLANDO, FL 32803	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JENNIFER RAY BECKMAN ED 04/16/2009

Electronic Signature of Signing Officer or Director — Date