

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001289

FILED  
Mar 25, 2011  
Secretary of State

**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  
Name: MONTALVO, ALBERTO E M.D.  
Address: 316 MANATEE AVE  
City-St-Zip: BRADENTON, FL 34205

Title: D  
Name: CONTI, RICHARD  
Address: 1600 SW ARCHER RD BOX 100277  
City-St-Zip: GAINESVILLE, FL 32610

Title: D  
Name: NOCERO, MICHAEL A M.D.  
Address: 500 E. COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32803

Title: D  
Name: DOTY, DANIEL W  
Address: 2011 WHALEY AVE  
City-St-Zip: PENSACOLA, FL 32503

Title: ED  
Name: BECKMAN, JENNIFER RAY  
Address: 3208 E. COLONIAL DR STE 264  
City-St-Zip: ORLANDO, FL 32803

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: JLR BECKMAN

ED

03/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date