

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005704

FILED
May 25, 2006
Secretary of State

Entity Name: FLORIDA SOCIETY OF THORACIC AND CARDIOVASCULAR SURGEONS, INC.

Current Principal Place of Business:

5101 ORTEGA BLVD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5101 ORTEGA BLVD
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-2863590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ANDERSON, BRIDGET H
5101 ORTEGA BLVD
JACKSONVILLE, FL 32210 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DOWNING, T P MD
Address: 3370 BURNS RD #102
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DST () Delete
Name: PRUITT, J C JR, MD
Address: 455 PINELLAS ST, #320
City-St-Zip: CLEARWATER, FL 33756

Title: DM () Delete
Name: MOERINGS, DAWN R
Address: 2410 W ORMSBY CIR
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PRUITT, J. C JR., MD
Address: 3003 WEST DR. M.L.K. JR. BLVD.
City-St-Zip: TAMPA, FL 33607

Title: DST (X) Change () Addition
Name: IZZO, EDWARD G MD
Address: 4 COLUMBIA DRIVE, #860
City-St-Zip: TAMPA, FL 33606

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: DAWN R. MOERINGS

DM

05/25/2006

Electronic Signature of Signing Officer or Director

Date