

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005704

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

5101 ORTEGA BLVD
JACKSONVILLE, FL 32210

New Principal Place of Business:

1000 RIVERSIDE AVENUE, SUITE 220
JACKSONVILLE, FL 32204

Current Mailing Address:

5101 ORTEGA BLVD
JACKSONVILLE, FL 32210

New Mailing Address:

1000 RIVERSIDE AVENUE, SUITE 220
JACKSONVILLE, FL 32204

FEI Number: 59-2863590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ANDERSON, BRIDGET H
1000 RIVERSIDE AVENUE, SUITE 220
JACKSONVILLE, FL 32204 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: _____

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: IZZO, EDWARD G MD
Address: 4 COLUMBIA DRIVE, #860
City-St-Zip: TAMPA, FL 33606

Title: DST () Delete
Name: GARY, DWORKIN MD
Address: 455 PINELLAS ST, SUITE 320
City-St-Zip: TAMPA, 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: () 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: DAWN R. MOERINGS

DM

04/30/2009

Electronic Signature of Signing Officer or Director

Date