2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

DOCUMENT# N96000005704

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

Current Principal Place of Business:

1000 RIVERSIDE AVENUE, SUITE 220
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1000 RIVERSIDE AVENUE, SUITE 220
JACKSONVILLE, FL 32204

New Mailing Address:

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
1000 RIVERSIDE AVENUE, SUITE 220
JACKSONVILLE, FL 32204 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: DST
Name: BOTT, JEFFREY N MD
Address: 217 HILLCREST ST
City-St-Zip: ORLANDO, FL 32801

Title: DP
Name: GARY, DWORKIN MD
Address: 455 PINELLAS ST, SUITE 320
City-St-Zip: TAMPA, FL 33756

Title: ED
Name: MOERINGS, DAWN R
Address: 1000 RIVERSIDE AVENUE SUITE 220
City-St-Zip: JACKSONVILLE, FL 32204

Title: DM
Name: ANDERSON, BRIDGET H
Address: 1000 RIVERSIDE AVENUE SUITE 220
City-St-Zip: JACKSONVILLE, FL 32204

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: BRIDGET ANDERSON DM 04/25/2012
Electronic Signature of Signing Officer or Director Date