(9/04)

FILED

2002 Uniform Business Report (UBR)

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changed, or on an attachment with

SIGNATURE:

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # P01000111464 1. Entity Name 04-11-2002 90024 033 ***150 00 HEART CENTER INVESTMENTS, INC. Principal Place of Business Mailing Address 60 WEST GORE STREET 60 WEST GORE STREET ORLANDO FL 32806-1114 ORLANDO FL 32806-1114 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #| etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 3758937 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Weinsteins Irwin R. DANIELS, ALAN H dress (P.O. Box Number is Not Acceptable) 800 NORTH MAGNOLIA AVENUE SUITE 1500 ORLANDO FL 32803 <u> 2806</u> 8. The above named entity supprits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida rwin R. Weinstein SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE Change **★** Addition Weinstein, Irwin R. W NAME NAME **CR2E034** STREET ADDRESS STREET ADDRESS 60 W. Gore St. CITY-ST-ZIP CITY-ST-7/P Orlando, FL 32806 Andreae, George E 60 W. Gore St. TITLE ☐ Delete TITLE Change ★ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32806 Delete TITLE TITLE ☐ Change ■ Addition Santoian, Edward C. NAME NAME 60 W. Gore St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orlando, FL 32806 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 Jeport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if