

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90046 028 ***158.75

DOCUMENT # P04000085071	
1. Entity Name ONE WORLD HEART INSTITUTE, INC.	

40016173

Principal Place of Business 4613 UNIVERSITY DR., #469 CORAL SPRINGS, FL 33067	Mailing Address 4613 UNIVERSITY DR., #469 CORAL SPRINGS, FL 33067
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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01182005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1275675	Applied For ☐ Not Applicable
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5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MESCHER, LINDA 4613 UNIVERSITY DR., #469 CORAL SPRINGS, FL 33067	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESCHER, LINDA 4613 UNIVERSITY DR., #469 CORAL SPRINGS, FL 33067 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Linda Mescher 4613 University Dr., #469 Coral Springs, FL 33067 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President L MARK KOCHKODAN 4613 University Dr., #469 Coral Springs, FL 33067 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary JANNINE Heist 4613 University Dr., #469 Coral Spring, FL 33067 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Mescher as President Feb. 7, 2005 454.559.1296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #