

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000167050

FILED
Feb 24, 2009
Secretary of State

Entity Name: SEBRING HEART CENTER, P.A.

Current Principal Place of Business:

2237 US 27 SOUTH
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

2237 US 27 SOUTH
SEBRING, FL 33870

New Mailing Address:

FEI Number: 20-2003321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: SIRACUSE, JOAN E
Address: 3081 LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

Title: VP/D () Delete
Name: BENNETT, JENIFFER
Address: 3778 ENCHANTED OAKS LANE
City-St-Zip: SEBRING, FL 33872

Title: ST/D () Delete
Name: PARNASSA, DANIEL T
Address: 1432 LAKESIDE WAY
City-St-Zip: SEBRING, FL 33876

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: SIRACUSE, JOAN E
Address: 3081 LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST/D (X) Change () Addition
Name: PARNASSA, DANIEL T
Address: 1427 LAKESIDE WAY
City-St-Zip: SEBRING, FL 33876

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN E. SIRACUSE MD

P/D

02/24/2009

Electronic Signature of Signing Officer or Director

Date