

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000119845

1. Entity Name
HEART HEALTH CARE ADVOCATES, INC.



Principal Place of Business
13200 SW 128 STREET
STE B-3
MIAMI, FL 33186 US

Mailing Address
13200 SW 128 STREET
STE B-3
MIAMI, FL 33186

**FILED
May 02, 2008 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE

04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5949075	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFITH, THOMAS F
7300 N. KENDALL DRIVE
STE 450
MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

000000944162
05/29/08-00089-003 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHLERNITZAUER, SUZANNE M
STREET ADDRESS 13200 SW 128 STREET, STE B-3
CITY-ST-ZIP MIAMI, FL 33186

TITLE VPD
NAME GRIFFITH, THOMAS F
STREET ADDRESS 7300 N. KENDALL DRIVE STE 450
CITY-ST-ZIP MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Suzanne M. Schlernitzer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/08 (305) 253-4240

Date

Daytime Phone #