2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000093517

FILED Jan 08, 2009 Secretary of State

Entity Name: JACKSONVILLE PEDIATRIC AND ADULT CONGENITAL CARDIOLOGY, P.A.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
8075 GATI SUITE 203	E PARKWAY \	WEST			
	VILLE, FL 322	216			
Current M	ailing Addres	ss:	New Mailing Address	5:	
SUITE 203	E PARKWAY V S VILLE, FL 322				
FEI Number:	42-1738605	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:	
SUITE 201	ΓΤΟΝ PARK Ε VILLE, FL 322				
in the State	e of Florida.		ourpose of changing its registered	d office or registered agent, or both,	
	e of Florida. * RE:			d office or registered agent, or both, Date	
in the State	e of Florida. RE: Electroi	submits this statement for the p			
in the State SIGNATUF	e of Florida. RE: Electroi	submits this statement for the paid of the paid of the paid of Registered Age of Trust Fund Contribution ().	ent		
in the State SIGNATUF	e of Florida. RE: Electron mpaign Financin S AND DIRECT P JOYCE, JAME	submits this statement for the price Signature of Registered Age g Trust Fund Contribution (). TORS:) Delete S MD ET COVE ROAD	ent	Date	

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: JAMES J JOYCE PRES 01/08/2009