

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000093517

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

8075 GATE PARKWAY WEST  
SUITE 203  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

8075 GATE PARKWAY WEST  
SUITE 203  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 42-1738605

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BITTINGER, ANN M ESQ.  
13500 SUTTON PARK DRIVE  
SUITE 201  
JACKSONVILLE, FL 32224 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  
**Name:** JOYCE, JAMES MD  
**Address:** 13177 CRICKET COVE ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32224

**Title:** S, T  
**Name:** JOYCE, JAMES MD  
**Address:** 13177 CRICKET COVE ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32224

I hereby 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 all other like empowered.

**SIGNATURE:** JAMES J. JOYCE

DR.

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date