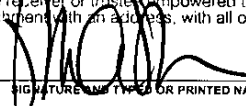


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90043 002 ***150.00

DOCUMENT # P94000014710 1. Entity Name JACKSONVILLE HEART CENTER, P.A.					
Principal Place of Business 1905 CORPORATE SQ BLVD JACKSONVILLE, FL 32216			Mailing Address 1905 CORPORATE SQ BLVD JACKSONVILLE, FL 32216		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01122007 Chg-P CR2E034 (12/06)	
4. FEI Number 59-3221727				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHRANK, JOEL P M.D. 1905 CORPORATE SQ BLVD JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 & 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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV UTSET, BERNARDO M M.D. 1885 1885 CORPORATE SQUARE BLVD JACKSONVILLE, FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition See Attached Sheet	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HILTON, THOMAS C M.D. 1885 1885 CORPORATE SQUARE BLVD JACKSONVILLE, FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RAMA, PAMELA M.D. 1885 1885 CORPORATE SQUARE BLVD JACKSONVILLE, FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HANCOCK, HOLLY M.D. 1885 1885 CORPORATE SQUARE BLVD JACKSONVILLE, FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GOEL, SATISH M.D. 1885 1885 CORPORATE SQUARE BLVD JACKSONVILLE, FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO SCHRANK, JOEL P M.D. 1885 1885 CORPORATE SQUARE BLVD JACKSONVILLE, FL 32216	☐ 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 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:  MARK A. MARTIN CAD 1/16/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #					

ATTACHMENT

6006849

Document #P94000014710

Jacksonville Heart Center, P.A.

Additional Officers and Directors:

Title DV
Name Farrell, Paul W. M.D.
Street Address 1905 Corporate Square Blvd
City-St-ZIP Jacksonville, FL 32216

Title DV
Name Hassel, C. David M.D.
Street Address 1905 Corporate Square Blvd
City-St-ZIP Jacksonville, FL 32216

Title DV
Name Litt, Marc R. M.D.
Street Address 1905 Corporate Square Blvd
City-St-ZIP Jacksonville, FL 32216

Title DV
Name Adams, Kenneth C. M.D.
Street Address 1905 Corporate Square Blvd
City-St-ZIP Jacksonville, FL 32216

Title DV
Name Wainwright, William R. M.D.
Street Address 1905 Corporate Square Blvd
City-St-ZIP Jacksonville, FL 32216

Title DV
Name Fellin, David D.O.
Street Address 1905 Corporate Square Blvd
City-St-ZIP Jacksonville, FL 32216

Title DV
Name Luke, Robert A. M.D.
Street Address 1905 Corporate Square Blvd
City-St-ZIP Jacksonville, FL 32216