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	Mailing Address
1905 CORPORATE SQ BLVD JACKSONVILLE, FL 32216	1905 CORPORATE SQ BLVD JACKSONVILLE, FL 32216

01122007 Chg-P CR2E034 (12/06)

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

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	7. Name and Address of New Registered Agent
SCHRANK, JOEL P M.D. 1905 CORPORATE SQ BLVD JACKSONVILLE, FL 32216	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~~ 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~~ 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~~ 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~~ 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~~ 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~~ 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. Masters CAO 1/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

#600006849

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