


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

1042

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 22 AM 11:43

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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



02142007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3221727	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	900089291859 2/27/07--01006--007 **\$61.25
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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. 1905 CORPORATE SQUARE BLVD JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition See Attached Sheet
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HILTON, THOMAS C M.D. 1905 CORPORATE SQUARE BLVD JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RAMA, PAMELA M.D. 1905 CORPORATE SQUARE BLVD JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HANCOCK, HOLLY M.D. 1905 CORPORATE SQUARE BLVD JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GOEL, SATISH M.D. 1905 CORPORATE SQUARE BLVD JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO SCHRANK, JOEL P M.D. 1905 CORPORATE SQUARE BLVD JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	Chief Administrator	Date: 2/14/07	Daytime Phone #
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2 of 2

ATTACHMENT

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DIVISION OF CORPORATIONS

07 FEB 22 AM 11:43

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

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