

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000014710

FILED
Feb 01, 2010
Secretary of State

Entity Name: JACKSONVILLE HEART CENTER, P.A.

Current Principal Place of Business:

1905 CORPORATE SQ BLVD
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

1905 CORPORATE SQ BLVD
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3221727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHRANK, JOEL P M.D.
1905 CORPORATE SQ BLVD
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

MASTERS, MARK A PHD
1905 CORPORATE SQ BLVD
JACKSONVILLE, FL 32216 US

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: MARK A MASTERS

02/01/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV
Name: UTSET, BERNARDO M M.D.
Address: 1905 CORPORATE SQUARE BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: DV
Name: HILTON, THOMAS C M.D.
Address: 1905 CORPORATE SQUARE BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: DV
Name: RAMA, PAMELA M.D.
Address: 1905 CORPORATE SQUARE BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: DV
Name: HANCOCK, HOLLY M.D.
Address: 1905 CORPORATE SQUARE BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: DV
Name: GOEL, SATISH M.D.
Address: 1905 CORPORATE SQUARE BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: DCEO
Name: SCHRANK, JOEL P M.D.
Address: 1905 CORPORATE SQUARE BLVD
City-St-Zip: JACKSONVILLE, FL 32216

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: MARK A MASTERS, PHD

CAO

02/01/2010

Electronic Signature of Signing Officer or Director

Date

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Fla. 2/01/10

ATTACHMENT

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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 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

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

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

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

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