


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90027 008 ***150.00

DOCUMENT # P96000040420 1. Entity Name HEART CENTER PROPERTIES, INC.	
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Principal Place of Business HEART CENTER PROPERTIES, INC. 60 W. GORE ST. ORLANDO, FL 32806 US	Mailing Address 60 W. GORE ST ORLANDO, FL 32806 US
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DO NOT WRITE IN THIS SPACE

	
01112008 No Chg-P	CR2E034 (11/05)
4. FEI Number 59-3380171	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANDREAE, GEORGE E 1520 NOTTINGHAM ORLANDO, FL 32803
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDREAE, GEOEGE E 1520 NOTTINGHAM ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOMESCEK, RONALD R 1208 GERMAINE DRIVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GREENWOOD, SCOTT D 1427 BUCKWOOD DRIVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: X Ronald R. Domescek **Ronald R. Domescek** 11/21/08 407-650-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #