2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# P99000081187

Entity Name: HEART OF FLORIDA OB-GYN ASSOCIATES, P.A.

Current Principal Place of Business:

2221 NORTH BLVD WEST
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

HEART OF FL OB/GYN
PO BOX 667
DAVENPORT, FL 33836

New Mailing Address:

FEI Number: 59-3598026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAN MARTIN, JULIO
2221 NORTH BLVD W
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SAN MARTIN, JULIO R
Address: 2221 NORTH BLVD W
City-St-Zip: DAVENPORT, FL 33837

Title: VP ( ) Delete
Name: SALAMANCA, EDWIN M
Address: 2221 NORTH BLVD W
City-St-Zip: DAVENPORT, FL 33837

Title: S ( ) Delete
Name: ALKASS, MARK
Address: 2221 NORTH BLVD W
City-St-Zip: DAVENPORT, FL 33837

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O ( ) Change (X) Addition
Name: ANDAH, EDMUND K
Address: 2221 NORTH BLVD W
City-St-Zip: DAVENPORT, FL 33837

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JULIO SAN MARTIN P 04/08/2009

Electronic Signature of Signing Officer or Director — Date