2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2021
Secretary of State
6466087202CC

DOCUMENT# N04000009932

Entity Name: NORTH FLORIDA CARDIOVASCULAR EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

501 RIVERSIDE AVE STE 800
JACKSONVILLE, FL 32202

Current Mailing Address:

501 RIVERSIDE AVE STE 800
JACKSONVILLE, FL 32202

FEI Number: 20-1773470

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEALS, ALLEN A MD
3948 SOUTH THIRD STREET
SUITE 321
JACKSONVILLE BEACH, FL 32250 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: ALLEN A SEALS 04/26/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	SEALS, A. ALLEN M.D.
Address	3948 SOUTH THIRD STREET SUITE 321
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	DIRECTOR
Name	KOREN, MIKE M.D.
Address	6428 BEACH BOULEVARD
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR
Name	OZA, SAUMIL DR.
Address	1824 KING STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	DIRECTOR
Name	RAMA, PAMELA DR.
Address	1361 13TH AVENUE, STE 270
City-State-Zip:	JACKSONVILLE FL 32250

Title	DIRECTOR
Name	KANAPARTI, PRAVEEN M.D.
Address	3599 UNIVERSITY BLVD #1106
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR
Name	MAGNANO, ANTHONY DR.
Address	1824 KING STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	DIRECTOR
Name	PATEL, PARAG DR.
Address	4500 SAN PABLO RD
City-State-Zip:	JACKSONVILLE FL 32224

Title	DIRECTOR
Name	VELARDE, GLADYS
Address	655 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SEALS , A. ALLEN M.D TREASURER, BOARD OF DIRECTORS 04/26/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	COOPER, LESLIE M.D.
Address	4500 SAN PABLO RD S.
City-State-Zip:	JACKSONVILLE FL 32224

Title	DIRECTOR
Name	MCLEOD, CHRISTOPHER MD
Address	4500 SAN PABLO RD
City-State-Zip:	JACKSONVILLE FL 32224