2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2015
Secretary of State
CC4395678711

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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:

LBA CERTIFIED PUBLIC ACCOUNTANTS, P.A.
501 RIVERSIDE AVE STE 800
JACKSONVILLE, FL 32202 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	CAMPBELL, JAMES M.D.
Address	3599 UNIVERSITY BLVD., SUITE 1106
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR
Name	SEALS, A. ALLEN M.D.
Address	3550 UNIVERSITY BLVD., SUITE 302
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR
Name	KOREN, MIKE M.D.
Address	6428 BEACH BOULEVARD
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	SCHRANK, JOEL M.D.
Address	836 PRUDENTIAL DRIVE, SUITE 1700
City-State-Zip:	JACKSONVILLE FL 32207

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

Title	DIRECTOR
Name	CASTELLO, RAMON DR.
Address	6428 BEACH BLVD
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR
Name	MILLER, ALAN DR.
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. OFFICER 03/20/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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 YIP, DANIEL DR.
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

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

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

Title DIRECTOR
Name SOTOLONGO, CARLOS DR.
Address 836 PRUDENTIAL DRIVE #1700
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name CRISCO, VAN
Address 3901 UNIVERSITY BLVD S 221
City-State-Zip: JACKSONVILLE FL 32216