

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006757

Entity Name: A DOCTOR'S HEART INC.**Current Principal Place of Business:**4462 WHISPERING OAKS DRIVE
TALLAHASSEE, FL 32309**Current Mailing Address:**4462 WHISPERING OAKS DRIVE
TALLAHASSEE, FL 32309**FEI Number:** 30-0429370**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCOLES, LISA JD
4462 WHISPERING OAKS DRIVE
TALLAHASSEE, FL 32309 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	P
Name	SCOLES, WESLEY DMD
Address	4462 WHISPERING OAKS DRIVE
City-State-Zip:	TALLAHASSEE FL 32309

Title	VP
Name	GWARTNEY, SCOTT JD
Address	6072 PICKWICK ROAD
City-State-Zip:	TALLAHASSEE FL 32309

Title	T
Name	HARMAN, PAUL OD
Address	1421 SILVER PINE LANE
City-State-Zip:	TALLAHASSEE FL 32312

Title	S
Name	RICHARDSON, KATRINA
Address	770 WEST WASHINGTON ST
City-State-Zip:	MONTICELLO FL 32345

Title	D
Name	TREADWELL, PHILLIP
Address	6429 KINGMAN TRAIL
City-State-Zip:	TALLAHASSEE FL 32309

Title	DIRECTOR
Name	DOLL, HAROLD A
Address	5154 ILE DE FRANCE DR
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	BOYD, HEATHER
Address	12617 ASHVILLE HWY
City-State-Zip:	GREENVILLE FL 32331

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: PAUL L HARMAN**TREASURER****01/25/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date