## 2018 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

Date

FILED Jan 17, 2018

**Secretary of State** 

CC4692712769

## Officer/Director Detail:

Title P Title VP

NameSCOLES, WESLEY DMDNameGWARTNEY, SCOTT JDAddress4462 WHISPERING OAKS DRIVEAddress6072 PICKWICK ROADCity-State-Zip:TALLAHASSEE FL 32309City-State-Zip:TALLAHASSEE FL 32309

Title T Title S

NameHARMAN, PAUL ODNameRICHARDSON, KATRINAAddress1421 SILVER PINE LANEAddress770 WEST WASHINGTON STCity-State-Zip:TALLAHASSEE FL 32312City-State-Zip:MONTICELLO FL 32345

Title D Title DIRECTOR

Name TREADWELL, PHILLIP Name DOLL, HAROLD A

Address 6429 KINGMAN TRAIL Address 5154 ILE DE FRANCE DR
City-State-Zip: TALLAHASSEE FL 32309 City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR Title DIRECTOR

Name BOYD, HEATHER Name RODDY, LISA

Address 12617 ASHVILLE HWY Address 975 ASHEVILLE HWY

City-State-Zip: GREENVILLE FL 32331 City-State-Zip: MONTICELLO FL 32344

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 01/17/2018