2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2017
Secretary of State
CC0943301770

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 HARMAN TREASURER 01/14/2017

Electronic Signature of Signing Officer/Director Detail — Date