

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001303

1. Entity Name

INTERNATIONAL CHILDREN'S HEART FOUNDATION, INC.



Principal Place of Business

1750 MADISON AVENUE, SUITE 100
MEMPHIS TN 38104
US

Mailing Address

1750 MADISON AVENUE, SUITE 100
MEMPHIS TN 38104
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 62-1570622

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME ASMUS, CARL W
STREET ADDRESS 3640 HACKS CROSS ROAD, BUILDING D
CITY-ST-ZIP MEMPHIS TN 38125

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME PEMBERTON, DONALD W ESQ
STREET ADDRESS 813 RIDGELAKE BLVD., SUITE 350
CITY-ST-ZIP MEMPHIS TN 38120

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME BEECH, CHARLES
STREET ADDRESS 4339 GWYNNE ROAD
CITY-ST-ZIP MEMPHIS TN 38117

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME EDWARDS, LEO H
STREET ADDRESS 5374 ESTATE OFFICE DR STE D
CITY-ST-ZIP MEMPHIS TN 38119

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME NOVICK, WILLIAM M MD
STREET ADDRESS 1750 MADISON AVENUE, SUITE 100
CITY-ST-ZIP MEMPHIS TN 38104

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William M. Novick* REQUIRE *William M. Novick* 3/26/03 901-869-4243

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90201 048 ****70.00



☐ CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)