

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 08, 2004
Secretary of State**

DOCUMENT# N03000000645

Entity Name: FLORIDA HEART RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

5 FLOOR, 801 ARTHUR GODFREY RD
MIAMI BEACH, FL 33140

New Principal Place of Business:

801 ARTHUR GODFREY RD
5TH FLOOR
MIAMI BEACH, FL 33140

Current Mailing Address:

5 FLOOR, 801 ARTHUR GODFREY RD
MIAMI BEACH, FL 33140

New Mailing Address:

801 ARTHUR GODFREY RD
5TH FLOOR
MIAMI BEACH, FL 33140

FEI Number: 51-0474502 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUCASSE, KATHLEEN T
5 FLOOR, 801 ARTHUR GODFREY RD
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

DUCASSE, KATHLEEN T
801 ARTHUR GODFREY RD
5TH FLOOR
MIAMI BEACH, FL 33140 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: _____ Date: 04/08/2004
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVC () Change (X) Addition
Name: BATCHELLER, JOE-ANN
Address: 4595 SABAL PALM RD
City-St-Zip: BAY POINT, MIAMI, FL 33137 US

Title: D () Change (X) Addition
Name: WEINTRAUB, MICHAEL
Address: 801 BRICKELL AVENUE SUITE 2470
City-St-Zip: MIAMI, FL 33131 US

Title: DC () Change (X) Addition
Name: ELIAS, RICHARD A MD
Address: 4701 MERIDIAN AVE
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: M () Change (X) Addition
Name: DUCASSE, KATHLEEN T
Address: 801 ARTHUR GODFREY RD, 5TH FLOOR
City-St-Zip: MIAMI BEACH, FL 33140 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN T DUCASSE M Date: 04/08/2004
Electronic Signature of Signing Officer or Director