## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 705584** 

Entity Name: MIAMI HEART RESEARCH INSTITUTE, INC.

**Current Principal Place of Business:** 

4770 BISCAYNE BLVD SUITE 500 MIAMI. FL 33137

**Current Mailing Address:** 

4770 BISCAYNE BLVD SUITE 500 MIAMI, FL 33137 US

FEI Number: 59-0674260 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAVALIE, NANCY EXEC DIR 4770 BISCAYNE BLVD SUITE 500 MIAMI, FL 33137 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: NANCY CAVALIE 02/06/2023

Electronic Signature of Registered Agent

Date

Date

FILED Feb 06, 2023

**Secretary of State** 

9941934022CC

Officer/Director Detail:

Title CHAIRMAN Title VC

Name BATCHELLER, JOE ANN Name ADAMS, JOSE A MD

Address 4770 BISCAYNE BLVD SUITE 500 Address 4770 BISCAYNE BLVD SUITE 500

City-State-Zip: MIAMI FL 33137 City-State-Zip: MIAMI FL 33137

Title DIRECTOR, SECRETARY Title DIRECTOR

Name DI PIETRO, OLIVER R MD Name MELLA, MARY JEAN CATINCHI ESQ.

Address 4770 BISCAYNE BLVD SUITE 500 Address 4770 BISCAYNE BLVD SUITE 500

City-State-Zip: MIAMI FL 33137 City-State-Zip: MIAMI FL 33137

Title TREASURER Title DIRECTOR

Name CAVALIE, NANCY R Name HUMPHREY, TRACY TOWLE

Address 4770 BISCAYNE BLVD SUITE 500 Address 4770 BISCAYNE BLVD SUITE 500

City-State-Zip: MIAMI FL 33137 City-State-Zip: MIAMI FL 33137

Title DIRECTOR Title DIRECTOR

Name WHALEN, ELIZABETH Name CANOSSA-TERRIS, MARIA MD
Address 4770 BISCAYNE BLVD SUITE 500 Address 4770 BISCAYNE BLVD SUITE 500

City-State-Zip: MIAMI FL 33137

City-State-Zip: MIAMI FL 33137

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: NANCY R. CAVALIE EXECUTIVE DIRECTOR 02/06/2023

Electronic Signature of Signing Officer/Director Detail