

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

DOCUMENT# N15000010562

**FILED**  
**Jan 30, 2023**  
**Secretary of State**  
**1188928608CC**

**Entity Name:** CARDIOVASCULAR COALITION INC.

**Current Principal Place of Business:**

300 NEW JERSEY AVENUE NW  
SUITE 900  
WASHINGTON, DC 20001

**Current Mailing Address:**

300 NEW JERSEY AVENUE NW  
SUITE 900  
WASHINGTON, DC 20001 US

**FEI Number:** 47-5564846

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAW OFFICES OF ANDREW L. WOODS  
11600 COURT OF PALMS  
UNIT 404  
FORT MYERS, FL 33908 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 CHAIR  
Name MELESKO, MARJORIE  
Address 300 NEW JERSEY AVENUE NW  
SUITE 900  
City-State-Zip: WASHINGTON DC 20001

Title SECRETARY  
Name FAHRNER, STACEY  
Address 300 NEW JERSEY AVENUE NW  
SUITE 900  
City-State-Zip: WASHINGTON DC 20001

Title TREASURER  
Name KIND, BARBARA  
Address 300 NEW JERSEY AVENUE NW  
SUITE 900  
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR  
Name CARR, JEFFREY  
Address 300 NEW JERSEY AVENUE NW  
SUITE 900  
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR  
Name PYKE, AMY  
Address 300 NEW JERSEY AVENUE NW  
SUITE 900  
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR  
Name DEES, JAN  
Address 300 NEW JERSEY AVENUE NW  
SUITE 900  
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR  
Name FAHRNER, STACEY  
Address 300 NEW JERSEY AVENUE NW  
SUITE 900  
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR  
Name KONUR, DAVID  
Address 300 NEW JERSEY AVENUE NW  
SUITE 900  
City-State-Zip: WASHINGTON DC 20001

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*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:** MARJORIE MELESKO

**CHAIR**

**01/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LEGER, JARED  
Address 300 NEW JERSEY AVENUE NW  
SUITE 900  
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR  
Name SZAFRANSKI, ANNA  
Address 300 NEW JERSEY AVENUE NW  
SUITE 900  
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR  
Name KIND, BARBARA  
Address 300 NEW JERSEY AVENUE, NW  
SUITE 900  
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR  
Name RAHM, LINDA  
Address 300 NEW JERSEY AVENUE NW  
SUITE 900  
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR  
Name HARRIS, ANDY  
Address 300 NEW JERSEY AVENUE, NW  
SUITE 900  
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR  
Name ROWE, MARK  
Address 300 NEW JERSEY AVENUE, NW  
SUITE 900  
City-State-Zip: WASHINGTON DC 20001