

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000010562

FILED
Feb 20, 2019
Secretary of State
0281673948CC

Entity Name: CARDIOVASCULAR COALITION INC.

Current Principal Place of Business:

300 NEW JERSEY AVENUE NW
SUITE 900
WASHINGTON, DC 20001

Current Mailing Address:

C/O LIBERTY PARTNERS GROUP
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:

SMITH, SAWYER C ESQ
2200 BROADWAY
FORT MYERS, FL 33901 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: SAWYER C. SMITH

02/20/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIR
Name SVOBODA, SARAH
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 BLOOSTON, JIM
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 BAKER, DAVID
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 MARWAH, NEIL
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: SARAH SVOBODA

CHAIR

02/20/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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