

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705584

FILED
Mar 20, 2009
Secretary of State

Entity Name: MIAMI HEART RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

4770 BISCAYNE BLVD SUITE 500
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

4770 BISCAYNE BLVD SUITE 500
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 59-0674260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUCASSE, KATHLEEN CEO
4770 BISCAYNE BLVD SUITE 500
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

Title: DC () Delete
Name: ELIAS, RICHARD A MD
Address: 3801 BISCAYNE BLVD 3RD FLOOR
City-St-Zip: MIAMI, FL 33137 US

Title: M () Delete
Name: DUCASSE, KATHLEEN T
Address: 4770 BISCAYNE BLVD SUITE 500
City-St-Zip: MIAMI, FL 33137 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

CEO

03/20/2009

Electronic Signature of Signing Officer or Director

Date