

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 737610

1. Entity Name
NORTH RIDGE HEART FOUNDATION, INC.



Principal Place of Business
**5757 N. DIXIE HIGHWAY
FT. LAUDERDALE, FL 33334**

Mailing Address
**5757 N. DIXIE HIGHWAY
FT. LAUDERDALE, FL 33334**



05172004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1707824

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GHAHRAMANI, ALI
5757 N. DIXIE HIGHWAY
FT. LAUDERDALE, FL 33334**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GHAHRAMANI, ALI R.
5757 N. DIXIE HWY #214
FT. LAUDERDALE FL.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
CLINE, ROBERT E
5757 N. DIXIE HWY #214
FT. LAUDERDALE FL.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
MICHAELSON, ED
5757 N. DIXIE HWY #214
FT. LAUDERDALE FL.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JUDE, JAMES R
5757 N. DIXIE HWY #214
FT. LAUDERDALE FL.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000181149
05/21/04-80001-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ali R. Ghahtaramani, M.D. **5/18/04 (954) 771-0087**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #