

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001600

FILED
Jun 11, 2010
Secretary of State

Entity Name: CARDIOVASCULAR CENTER FOR RESEARCH, INC.

Current Principal Place of Business:

1417 LAKELAND HILLS BLVD
LAKELAND, FL 33805

New Principal Place of Business:

6175 RIVERLAKE BLVD
BARTOW, FL 33830

Current Mailing Address:

1417 LAKELAND HILLS BLVD
LAKELAND, FL 33805

New Mailing Address:

6175 RIVERLAKE BLVD
BARTOW, FL 33830

FEI Number: 39-1820123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, ANITA M D.O.
1417 LAKELAND HILLS BLVD
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

ARNOLD, ANITA M D.O.
6175 RIVERLAKE BLVD
BARTOW, FL 33830 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: ANITA M ARNOLD DO

06/11/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ARNOLD, ANITA M D.O.
Address: 6175 RIVERLAKE BLVD
City-St-Zip: BARTOW, FL 33830

Title: VPD
Name: MICK, MATTHEW J M.D.
Address: 6175 RIVERLAKE BLVD
City-St-Zip: BARTOW, FL 33830

Title: SD
Name: KAPPEL, DANA
Address: 9407 SOUTH 33RD STREET
City-St-Zip: FRANKLIN, WI 53132

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: ANITA M ARNOLD DO

P

06/11/2010

Electronic Signature of Signing Officer or Director

Date