

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001600

FILED
Apr 03, 2012
Secretary of State

Entity Name: CARDIOVASCULAR CENTER FOR RESEARCH, INC.

Current Principal Place of Business:

6175 RIVERLAKE BLVD
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

6175 RIVERLAKE BLVD
BARTOW, FL 33830

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

P

04/03/2012

Electronic Signature of Signing Officer or Director

Date