FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G44475 1. Corporation Name

CARDIOVASCULAR RESEARCH, INC.

		• 1							
Principal Plac	ce of Business	Mailing	Address				AIRIN AIRNI ACRIC STACE	18(1 81911 (881	
% DEAN M. RAZI, M.D. % DEAN M. RAZI, M. 4810 WEST GANDY			EST GANDY BLVD.	=		DO NOT WRITE IN	THIS SDACE		
TAMPA FL 336	311	TAMPA	FL 33611				THIS SPACE		
	4					3. Date incorporated or Qualifed 06/21/1983		•	
2. Principal f	Place of Business	2a. Mai	ling Address			4. FEI Number	Ap	plied For	
21		. 26				59-2329499		t Applicable	
Suite, Apt	. #, etc.	. Suit	e, Apt. #, etc.		~ .~		\$8.75		
22	5	27				5. 55555	Fee Re	quired	
City & Sta	ite .	28 City	& State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	•	
Zip	Country	Zip		Coun	try	8. This corporation owes the current ye	ear Intangible	- "	
24	25	29		30		Personal Property Tax.	Ŭ Yes	□No	
1	9. Name and Address of Cu	<u> </u>	d Agent			10. Name and Address of New Regist	ered Agent		
	The state of the state of	150		1	81 Name				
RAZI, DEAN M., M.D. CAT 4810 WEST GANDY BLYD.				-	82 Street Add	ess (P.O. Box Number is Not Acceptable)			
	APA FL 33611	1	83		83				
		y 4 /		1	B4 City	t product to with a rest of artists of the factor of the second of the s	FI 85 Zip 0	Code	
12.		d agent and title if applic S AND DIRECTO	RS	13.		ed when reinstating)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	RS AND DIRECTO		
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NAME			☐ DELETE		(-ST-ZIP	1	☐ Change	☐ Addition	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90007 026 ***150.00