


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90047 032 \*\*\*150.00

<b>DOCUMENT # G44475</b> 1. Entity Name CARDIOVASCULAR RESEARCH, INC.	
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Principal Place of Business % DEAN M. RAZI, M.D. 4810 WEST GANDY BLVD. TAMPA, FL 33611	Mailing Address % DEAN M. RAZI, M.D. 4810 WEST GANDY BLVD. TAMPA, FL 33611
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66009850



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2329499	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  RAZI, DEAN M., M.D. 4810 WEST GANDY BLVD. TAMPA, FL 33611
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**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 file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP RAZI, DEAN M. MD 4810 W. GANDY BLVD TAMPA, FL
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**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 607, 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: Dean Razi 4/8/05 8138326222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Debra Phone