

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007860

FILED
Feb 15, 2006
Secretary of State

Entity Name: FOUNDATION FOR THE ADVANCEMENT OF CARDIAC THERAPIES, INC.

Current Principal Place of Business:

1411 NORTH FLAGLER DRIVE
SUITE 7300
WEST PALM BEACH, FL 33401

New Principal Place of Business:

550 HERITAGE DRIVE
SUITE 160
JUPITER, FL 33458

Current Mailing Address:

1411 NORTH FLAGLER DRIVE
SUITE 7300
WEST PALM BEACH, FL 33401

New Mailing Address:

550 HERITAGE DRIVE
SUITE 160
JUPITER, FL 33458

FEI Number: 58-2586906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FICK, RONALD
239 S COUNTY RD, SUITE 300
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

FICK, RONALD L
239 S COUNTY RD, SUITE 300
PALM BEACH, FL 33480 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: RONALD L FICK

02/15/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CRANDALL, CHAUNCEY W MD
Address: 2503 BURNS RD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: PD () Delete
Name: OZ, MEHMET DR
Address: 177 FORT WASHINGTON AV MILSTEIN PAV 7-4351
City-St-Zip: NEW YORK, NY 10032

Title: DVT () Delete
Name: LONG, HOWARD
Address: 203 SOUTHLAKE TRAIL
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: BROADHEAD, PAUL
Address: 6125 NORTH OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 33435

Title: T () Delete
Name: FICK, RONALD L
Address: 239 S COUNTY ROAD, STE 300
City-St-Zip: PALM BEACH, FL 33480

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BROWN, PERRY
Address: 440 ROYAL PALM WAY
City-St-Zip: PALM BEACH, FL 33480 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PONCY, MORGAN DR
Address: 1002 S OLD DIXIE HWY
City-St-Zip: JUPITER, FL 33458

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: BATEMAN, JEFFREY
Address: 259 WORTH AVE
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MEHMET OZ, MD

PD

02/15/2006

Electronic Signature of Signing Officer or Director

Date