

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007860

FILED
Apr 08, 2008
Secretary of State

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

Current Principal Place of Business:

550 HERITAGE DRIVE
SUITE 160
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

550 HERITAGE DRIVE
SUITE 160
JUPITER, FL 33458

New Mailing Address:

FEI Number: 58-2586906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALPEN, DAVID M ESQ
249 ROYAL PALM WAY
PLAZA CENTER SUITE 501
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

FELDMESSER, MARK CPA
641 UNIVERSITY DRIVE
SUITE 210
JUPITER, FL 33458 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: MARK FELDMESSER

04/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: BROWN, PERRY
Address: 440 ROYAL PALM WAY
City-St-Zip: PALM BEACH, FL 33480 US

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

Title: DT () Delete
Name: MARTZ LYSAGHT, DEBORAH ESQ
Address: 1001 N. U.S. HWY ONE
City-St-Zip: JUPITER, FL 33477

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

Title: D () Delete
Name: KNEIP, ROBERT C PHD
Address: 8158 NATIVE DANCER ROAD EAST
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: ROSE, ERIC
Address: 35 EAST 62ND STREET
City-St-Zip: NEW YORK, NY 10065 US

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

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

Title: S (X) Change () Addition
Name: PONCY, MORGAN DR
Address: 601 UNIVERSITY DRIVE SUITE 201
City-St-Zip: JUPITER, FL 33458

Title: D (X) Change () Addition
Name: MANCINI, DONNA DR
Address: 622 W. 168TH STREET PH 1273B
City-St-Zip: NEW YORK, NY 10032

I hereby certify that the information supplied with this filing does not qualify 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: MARY M. LAMPE

MS

04/08/2008

Electronic Signature of Signing Officer or Director

Date