

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 23, 2004
Secretary of State**

DOCUMENT# N00000008318

Entity Name: THORACIC & CARDIOVASCULAR RESEARCH, INC.

Current Principal Place of Business:

C/O DONALD B. WILLIAMS, M.D., P.A.
4300 ALTON ROAD, GREENSPAN 211
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

C/O DONALD B. WILLIAMS, M.D., P.A.
4300 ALTON ROAD, GREENSPAN 211
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 91-2166779 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLOUCHA, L.M. ESQ.
1946 TYLER ST.
HOLLYWOOD, FL 330204517 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 () Delete
Name: WILLIAMS, DONALD B M.D.
Address: 4300 ALTON ROAD, GREENSPAN 211
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD () Delete
Name: WITTELS, S. HOWARD
Address: 4300 ALTON ROAD, GREENSPAN 211
City-St-Zip: MIAMI BEACH, FL 33140

Title: STD () Delete
Name: BOLIVAR, SYLVIA
Address: 4300 ALTON ROAD, GREENSPAN 211
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: SALCEDA, RAIZA
Address: 4300 ALTON ROAD, GREENSPAN 211
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RAIZA SALCEDA

Electronic Signature of Signing Officer or Director

SECR

06/23/2004

Date