

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 04, 2006  
Secretary of State**

DOCUMENT# N03000000645

Entity Name: FLORIDA HEART RESEARCH FOUNDATION, INC.

**Current Principal Place of Business:**

4770 BISCAYNE BLVD SUITE 500  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

4770 BISCAYNE BLVD SUITE 500  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 51-0474502      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUCASSE, KATHLEEN T  
4770 BISCAYNE BLVD SUITE 500  
MIAMI, FL 33137 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: DVC ( ) Delete  
Name: BATCHELLER, JOE-ANN  
Address: 4595 SABAL PALM RD  
City-St-Zip: BAY POINT, MIAMI, FL 33137 US

Title: D ( ) Delete  
Name: WEINTRAUB, MICHAEL  
Address: 801 BRICKELL AVENUE SUITE 2470  
City-St-Zip: MIAMI, FL 33131 US

Title: DC ( ) Delete  
Name: ELIAS, RICHARD A MD  
Address: 3801 BISCAYNE BLVD 3RD FLOOR  
City-St-Zip: MIAMI, FL 33137 US

Title: M ( ) Delete  
Name: DUCASSE, KATHLEEN T  
Address: 4770 BISCAYNE BLVD SUITE 500  
City-St-Zip: MIAMI, FL 33137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: KATHLEEN T. DUCASSE

M

04/04/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date