

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002342

FILED
Mar 07, 2005
Secretary of State

Entity Name: GENESIS CARDIOVASCULAR RESEARCH FOUNDATION INC.

Current Principal Place of Business:

3334 GARDEN AVENUE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

3334 GARDEN AVENUE
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 43-2004507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEHRANI, HASSAN Y MD
3334 GARDEN AVENUE
MIAMI BEACH, FL 33140 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: D () Delete
Name: LOMBARDI, PIERLUCA MD
Address: 1901 BRICKELL AV. APT #1805B
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: KATARIYA, KUSHAGRA MD
Address: 300 SHORE DRIVE EAST
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: TEHRANI, HASSAN Y MD
Address: 3334 GARDEN AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D (X) Delete
Name: THANIKACHALAM, MOHAN MD
Address: 300 GLEN DRIVE #302
City-St-Zip: KEY BISCAYNE, FL 33149

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 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: HASSAN TEHRANI

D

03/07/2005

Electronic Signature of Signing Officer or Director

Date