

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008006

FILED
Jan 13, 2004
Secretary of State

Entity Name: CARDIOVASCULAR HEALTH FOUNDATION, INC.

Current Principal Place of Business:

7824 LAKE UNDERHILL DRIVE
SUITE D & E
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

7824 LAKE UNDERHILL DRIVE
SUITE D & E
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 51-0483017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO, FL 32803 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: PTD () Delete
Name: ALPEROVICH, ALEXANDER
Address: 7824 LAKE UNDERHILL DRIVE, SUITE D & E
City-St-Zip: ORLANDO, FL 32822

Title: VD () Delete
Name: KELLY, BRIAN
Address: 7824 LAKE UNDERHILL DRIVE, SUITE D & E
City-St-Zip: ORLANDO, FL 32822

Title: SD () Delete
Name: HARRIS, GLENN
Address: 7824 LAKE UNDERHILL DRIVE, SUITE D & E
City-St-Zip: ORLANDO, FL 32822

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:

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: ALEXANDER ALPEROVICH, M.D.

PTD

01/13/2004

Electronic Signature of Signing Officer or Director

Date