


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000008006	
1. Entity Name CARDIOVASCULAR HEALTH FOUNDATION, INC.	

Principal Place of Business 7824 LAKE UNDERHILL DRIVE SUITE D & E ORLANDO, FL 32822	Mailing Address 7824 LAKE UNDERHILL DRIVE SUITE D & E ORLANDO, FL 32822
--	--



01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0483017	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LEFKOWITZ, IVAN M 430 NORTH MILLS AVENUE ORLANDO, FL 32803
---

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ALPEROVICH, ALEXANDER 7824 LAKE UNDERHILL DRIVE, SUITE D & E ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KELLY, BRIAN 7824 LAKE UNDERHILL DRIVE, SUITE D & E ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HARRIS, GLENN 7824 LAKE UNDERHILL DRIVE, SUITE D & E ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000393641  
01/25/06-80029-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06  
Date

407-273-2378  
Daytime Phone #