



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90139 001 \*\*\*\*61.25

<b>DOCUMENT # N04000003567</b>					
1. Entity Name TAMPA INTERNATIONAL HEART FOUNDATION, INC.					
Principal Place of Business 509 S. ARMENIA AVE. TAMPA, FL 33609			Mailing Address 509 S. ARMENIA AVE. TAMPA, FL 33609		
2. Principal Place of Business <b>509 S. ARMENIA AVE.</b>		3. Mailing Address <b>509 S. ARMENIA AVE.</b>			
Suite, Apt. #, etc. <b>SUITE 200</b>		Suite, Apt. #, etc. <b>SUITE 200</b>			
City & State <b>TAMPA FL</b>		City & State <b>TAMPA FL</b>		4. FEI Number <b>55-0867165</b>	
Zip <b>33609</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SULLEBARGER, J. THOMPSON M.D. 509 S. ARMENIA AVE. TAMPA, FL 33609			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> Zip Code		
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 reinstalling) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SULLEBARGER, J. THOMPSON M.D.	NAME			
STREET ADDRESS	509 S. ARMENIA AVE.	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FONTANET, HECTOR M.D.	NAME			
STREET ADDRESS	509 S. ARMENIA AVE.	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GLOER, KATHRYN RN	NAME			
STREET ADDRESS	509 S. ARMENIA AVE.	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Date: <b>3/28/05</b>		Daytime Phone #: <b>813-353-8634</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>J. THOMPSON SULLEBARGER</b>					