


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000003567 1. Entity Name TAMPA INTERNATIONAL HEART FOUNDATION, INC.	
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Principal Place of Business 509 S. ARMENIA AVE. SUITE 200 TAMPA, FL 33609	Mailing Address 509 S. ARMENIA AVE. SUITE 200 TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 55-0867165	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

**SULLEBARGER, J. THOMPSON M.D.
509 S. ARMENIA AVE.
TAMPA, FL 33609**

**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 _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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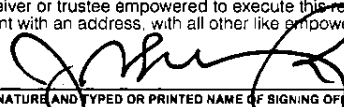
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLEBARGER, J. THOMPSON M.D. 509 S. ARMENIA AVE. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOER, KATHRYN RN 509 S. ARMENIA, SUITE 200 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/12/08-80079-004 61.25

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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**

Date **1/31/08** Daytime Phone # **3531515**