## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000005811

FILED Jan 14, 2008 Secretary of State

Entity Name: TANZANIAN CARDIAC HOSPITAL FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 3366 SE EAST SNOW ROAD PORT SAINT LUCIE, FL 34984 **Current Mailing Address: New Mailing Address:** 3366 SE EAST SNOW ROAD PORT SAINT LUCIE, FL 34984 FEI Number: 26-0344207 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: W. MORGAN SPEER, P.A. 1800 AUSTRALIAN AVENUE SOUTH SUITE 100 WEST PALM BEACH, FL 33409 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete ( ) Change (X) Addition LANG, ROBERT C Name: Name: Address: Address: 592 SW ST. JOHNS BAY City-St-Zip: City-St-Zip: PORT ST. LUCIE, FL 34984 US Title: Title: **TRES** ( ) Change (X) Addition ( ) Delete Name: Name: D'ANGELO, MICHAEL E Address: Address: 3366 SE EAST SNOW ROAD City-St-Zip: City-St-Zip: PORT ST. LUCIE, FL 34984 US Title: () Delete Title: SEC. ( ) Change (X) Addition D'ANGELO, CAROL A Name: Name: 3366 SE EAST SNOW ROAD Address: Address: City-St-Zip: City-St-Zip: PORT ST. LUCIE, FL 34984 US Title: () Delete Title: DIR. ( ) Change (X) Addition Name: Name: MLAY, MARK REV. Address: Address: 401 S. 33RD STREET City-St-Zip: City-St-Zip: FORT PIERCE, FL 34947 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CAROL A. D'ANGELO SEC 01/14/2008