

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011353

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** THE RICORDI FOUNDATION FOR MUSIC AND MEDICINE, INC.

**Current Principal Place of Business:**

3734 MATHESON AVE.  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3734 MATHESON AVE.  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:** 26-1500076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RICORDI, VALERIE G  
3734 MATHESON AVENUE  
MIAMI, FL 33133 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: C  
Name: RICORDI, CAMILO MD  
Address: 3734 MATHESON AVE.  
City-St-Zip: MIAMI, FL 33133

Title: D  
Name: RICORDI, VALERIE G.  
Address: 3734 MATHESON AVE.  
City-St-Zip: MIAMI, FL 33133

Title: D  
Name: RICORDI, M. CATERINA  
Address: 3734 MATHESON AVE.  
City-St-Zip: MIAMI, FL 33133

Title: D  
Name: FURIA, ARTHUR J. ESQ  
Address: 2 S. BISCAYNE BLVD., STE. 3400  
City-St-Zip: MIAMI, FL 33131

Title: D  
Name: RICORDI, ELIANA G.  
Address: 3734 MATHESON AVE.  
City-St-Zip: MIAMI, FL 33133

I hereby 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 all other like empowered.

SIGNATURE: VALERIE G RICORDI

DIR

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date