

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003269

FILED
Mar 25, 2009
Secretary of State

Entity Name: VASCULAR RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

16342 SW 29TH ST.
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

16342 SW 29TH ST.
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 26-1452939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D () Delete
Name: KOZZIOV, EMIL
Address: 16342 SW 29TH ST.
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: OFFENBACHER, STEVEN
Address: 102 KARIN CT.
City-St-Zip: CHAPEL HILL, NC 27514

Title: D () Delete
Name: YSUIBOV, VIDADI
Address: 1808 MANOR RD.
City-St-Zip: HAVER TOWN, PA 19083

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EMIL KOZZIOV

D

03/25/2009

Electronic Signature of Signing Officer or Director

Date