

NO800000 3269

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TC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Vascular Research Foundation, Inc.

**DOCUMENT NUMBER:** NO8000003269

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jerry Maurer

(Name of Contact Person)

Orian Wells & Co. PA

(Firm/ Company)

1216 NW 13 St

(Address)

Gainesville, FL 32601-4110

(City/ State and Zip Code)

JERRYORIANWELLS@BELLOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerry Maurer

(Name of Contact Person)

at ( 352 ) 374-6789

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2011

JERRY MAURER  
1216 NW 13 ST  
GAINESVILLE, FL 32601-4110

SUBJECT: VASCULAR RESEARCH FOUNDATION, INC.  
Ref. Number: N08000003269

We have received your document for VASCULAR RESEARCH FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2010 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application/annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$150.00 filing fee per year for each year the corporation has been dissolved.

Therefore, the total amount due to reinstate the corporation is \$900.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2011 Annual Report and Supplemental Fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 311A00004392

Articles of Amendment  
to  
Articles of Incorporation  
of

Vascular Research Foundation, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N08000003269

(Document Number of Corporation (if known))

APPROVED  
AND  
FILED  
11 MAR -8 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

Orian Wells & Co., PA

1216 NW 13 St

New Registered Office Address:

(Florida street address)

Gainesville, FL 32601-4110

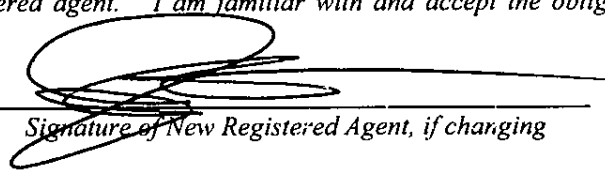
(City)

Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

  
Signature of New Registered Agent, if changing

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**  
*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Dr.</u>	<u>Panayot Filipov</u>	<u>11201 Queens Blvd #24G</u> <u>Forest Hills, NY 11375</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Dr.</u>	<u>Angela Hon</u>	<u>251 W 70 St #3</u> <u>New York, NY 10023</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Dr.</u>	<u>Vidadi Yusibov</u>	<u>1808 Manor Rd</u> <u>Havertown, PA 19083</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

Additional provision: Upon the dissolution of the organization, assets shall be distributed  
for one or more exempt purposes within the meaning of Section 501(c)(3) of the IRS  
code, or corresponding section of any future federal tax code, or shall be distributed to  
the federal government, or to a state or local government, for a public purpose.

Any such assets not disposed of shall be disposed of by the Court of Common Pleas of  
the county in which the principal office of the organization is then located, exclusively  
for such purposes or to such organization or organizations, as said Court shall determine,  
which are organized and operated exclusively for such purposes.

The date of each amendment(s) adoption: 2/15/2011  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated February 15, 2011

Signature Emil Kozarov

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Emil Kozarov  
(Typed or printed name of person signing)

President  
(Title of person signing)



Home Contact Logout  
 3062725 - BOWTIE SPECIALTY  
 SERVICES...  
 Friday, March 04, 2011

Home Access Accounts Transfer Funds Bill Payment Your Preferences eDocuments/Online Forms

e-Documents |

e-Checks

Check number 1883 cleared your account on 2/23/2011. Amount: \$35.00.

BOWTIE SPECIALTY SERVICES, INC.  
 PO BOX 357808  
 GAINESVILLE FL 32635

1883  
 63-7847/2831

2/15/11 Date  
 Pay to the Order of Florida Dept of State \$ 35.00  
THIRTY FIVE DOLLARS AND 00/100 Dollars

CAMPUS  
 USA

For N08000003269

⑆263178478⑆

30627251⑆

1883

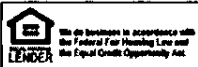
⑆0000003500⑆

Harvest Check

EMULATED SIGNATURE

02/22  
 BANK OF AMERICA, NA, JAX  
 ⑆011049138⑆ ⑆4173 94 PMS  
 02/22/11  
 6650810846  
 DOS-4500453-1009068796  
 DEPOSIT ONLY \$35.00  
 02/18/11-01008-0007

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