

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003269

FILED
Mar 21, 2012
Secretary of State

Entity Name: VASCULAR RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

1216 NW 13TH STREET
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

1216 NW 13TH STREET
GAINESVILLE, FL 32601 US

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:

ORIAN WELLS & CO., P.A.
JEROME R MAUREN JR
1216 NW 13 ST
GAINESVILLE, FL 326014110 US

Name and Address of New Registered Agent:

ORIAN WELLS & CO., P.A.
JEROME R MAURER JR
1216 NW 13 ST
GAINESVILLE, FL 326014110 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: J MAURER

03/21/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR.
Name: KOZAROV, EMIL
Address: 16342 SW 29TH ST.
City-St-Zip: MIRAMAR, FL 33027

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

Title: D
Name: FILIPOV, PANAYOT
Address: 11201 QUEENS BLVD #24G
City-St-Zip: FOREST HILLS, NY 11375

Title: D
Name: HON, ANGELA
Address: 251 W 70 ST #3
City-St-Zip: NEW YORK, NY 10023

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: E. KOZAROV

DR

03/21/2012

Electronic Signature of Signing Officer or Director

Date