


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N31065</b> 1. Entity Name <b>CARDIAC REHABILITATION ROWING PROJECT, INC.</b>	
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Principal Place of Business <b>3941 MIDWAY ST. COCONUT GROVE, FL 33133 US</b>	Mailing Address <b>P O BOX 331820 COCONUT GROVE, FL 33133-1820 US</b>
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DO NOT WRITE IN THIS SPACE

01182004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0116999</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**KLINE, CHARLES C.  
C/O WHITE & CASE  
200 SOUTH BISCAYNE BLVD.  
MIAMI, FL 33131**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BERCKMANS, BRUCE JR. 3941 MIDWAY STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MARTINEZ, ROBERTO 201 S. BISCAYNE, #900 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY, LAWRENCE 9440 NW 12TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOLF, PATRICIA K. 190 MERCER STREET PRINCETON, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMTE, WILLIAM H. 5000 UNIVERSITY DRIVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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000000011934  
01/23/04-80057-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Berckmans* **1/19/04** **305-448-0081**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR