2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# N31065

Entity Name: CARDIAC REHABILITATION ROWING PROJECT, INC.

Current Principal Place of Business:

3941 MIDWAY ST.
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 331820
COCONUT GROVE, FL 331331820 US

New Mailing Address:

FEI Number: 65-0116999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KLINE, CHARLES C.
C/O WHITE & CASE
200 SOUTH BISCAYNE BLVD.
MIAMI, FL 33131 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:	DPT	( ) Delete
Name:	BERCKMANS, BRUCE JR.,	
Address:	3941 MIDWAY STREET	
City-St-Zip:	MIAMI, FL	
Title:	DVS	( ) Delete
Name:	MARTINEZ, ROBERTO,	
Address:	201 S. BISCAYNE, #900	
City-St-Zip:	MIAMI, FL	
Title:	D	( ) Delete
Name:	TERRY, LAWRENCE,	
Address:	9440 NW 12TH STREET	
City-St-Zip:	MIAMI, FL	
Title:	D	( ) Delete
Name:	WOOLF, PATRICIA K.,	
Address:	190 MERCER STREET	
City-St-Zip:	PRINCETON, NJ	
Title:	D	( ) Delete
Name:	COMTE, WILLIAM H.,	
Address:	5000 UNIVERSITY DRIVE	
City-St-Zip:	MIAMI, FL	

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:	
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 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 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: BRUCE BERCKMANS, JR. DPT 05/02/2005
Electronic Signature of Signing Officer or Director — Date