

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 27, 2006**  
**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 ( )****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 (X) Delete  
**Name:** TERRY, LAWRENCE,  
**Address:** 9440 NW 12TH STREET  
**City-St-Zip:** MIAMI, FL**Title:** D (X) Delete  
**Name:** WOOLF, PATRICIA K.,  
**Address:** 190 MERCER STREET  
**City-St-Zip:** PRINCETON, NJ**Title:** D (X) Delete  
**Name:** COMTE, WILLIAM H.,  
**Address:** 5000 UNIVERSITY DRIVE  
**City-St-Zip:** MIAMI, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change ( ) Addition  
**Name:** BERCKMANS, BRUCE  
**Address:** 3941 MIDWAY STREET  
**City-St-Zip:** MIAMI, FL 33133**Title:** DT (X) Change ( ) Addition  
**Name:** BERCKMANS, SHIRLEY  
**Address:** 3941 MIDWAY STREET  
**City-St-Zip:** MIAMI, FL 33133**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 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: BRUCE BERCKMANS

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date