

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 09, 2002 8:00 am**
Secretary of State

05-09-2002 90069 043 ****61.25

DOCUMENT # N94000005852

1. Entity Name

CARDIOVASCULAR INSTITUTE OF SARASOTA RESEARCH & EDUCATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

**1851 ARLINGTON ST., SUITE 206
SARASOTA FL 34239****1851 ARLINGTON ST., SUITE 206
SARASOTA FL 34239**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0537667

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HARRELL, DONALD J
2033 MAIN ST., SUITE 300
SARASOTA FL 34237**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-15-02**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PT	SHA HAWY, MAHFOUZ EL	1851 ARLINGTON STREET	SARASOTA FL 34239	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	DONALD, HARRELL	1776 RINGLING BLVD	SARASOTA FL 34238	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	SHAHAWY, MARIA E	312 BIRD KEY DR.	SARASOTA FL 34236	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 617, 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-15-02**941/3669800**

CR2E037 (9/01)