

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005852

FILED  
Mar 03, 2004  
Secretary of State

**Entity Name:** CARDIOVASCULAR INSTITUTE OF SARASOTA RESEARCH & EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

1851 ARLINGTON ST., SUITE 206  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

1851 ARLINGTON ST., SUITE 206  
SARASOTA, FL 34239

**New Mailing Address:**

FEI Number: 65-0537667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARRELL, DONALD J  
2033 MAIN ST., SUITE 300  
SARASOTA, FL 34237 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: PT ( ) Delete  
Name: EL SHAHAWY, MAHFOUZ  
Address: 1851 ARLINGTON STREET  
City-St-Zip: SARASOTA, FL 34239

Title: T ( ) Delete  
Name: DONALD, HARRELL  
Address: 1776 RINGLING BLVD  
City-St-Zip: SARASOTA, FL 34236

Title: T ( ) Delete  
Name: SHAHAWY, MARIA E  
Address: 312 BIRD KEY DR.  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition  
Name: EL SHAHAWY, MAHFOUZ  
Address: 1851 ARLINGTON STREET  
City-St-Zip: SARASOTA, FL 34239

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: MAHFOUZ EL SHAHAWY

PT

03/03/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date