2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005
Secretary of State

DOCUMENT# N94000005852

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: ( ) 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: MAHFOUZ EL SHAHAWY, M.D., P.A. PT 01/20/2005

Electronic Signature of Signing Officer or Director — Date