

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2003 8:00 am**  
**Secretary of State**

04-01-2003 90044 038 \*\*\*\*61.25

**DOCUMENT # N94000005852**



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

**Principal Place of Business**  
**1851 ARLINGTON ST., SUITE 206**  
**SARASOTA FL 34239**

**Mailing Address**  
**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

**4. FEI Number 65-0537667**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**02-28-2003**

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** **PT EL SHAHAWY MAHFOUZ** ☐ Delete  
**NAME** **SHA HAWY, MAHFOUZ EL**  
**STREET ADDRESS** **1851 ARLINGTON STREET**  
**CITY-ST-ZIP** **SARASOTA FL 34239**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** **DONALD, HARRELL**  
**STREET ADDRESS** **1776 RINGLING BLVD**  
**CITY-ST-ZIP** **SARASOTA FL 34236**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** **SHAHAWY, MARIA E**  
**STREET ADDRESS** **312 BIRD KEY DR.**  
**CITY-ST-ZIP** **SARASOTA FL 34236**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: X SIGNATURE REQUIRED**

**03-27-03**

CR2E037 (10/02)