

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000183

1. Entity Name

CARDIOVASCULAR RESEARCH INSTITUTE, INC.

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90067 003 ****61.25

80032100



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
217 HILLCREST ST. ORLANDO FL 32801	217 HILLCREST ST. ORLANDO FL 32801

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-3365854	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
DANIELS, ALAN H 800 N. MAGNOLIA AVE. SUITE 1500 ORLANDO FL 32803

7. Name and Address of New Registered Agent
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 _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SCOTT, MERIDITH L
STREET ADDRESS	217 HILLCREST STREET
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	D <input type="checkbox"/> Delete
NAME	MOSLEY, PATTERSON W
STREET ADDRESS	217 HILLCREST STREET
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	D <input type="checkbox"/> Delete
NAME	ACCOLA, KEVIN D
STREET ADDRESS	217 HILLCREST STREET
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	P <input type="checkbox"/> Delete
NAME	FRANCIS, LEROY H III
STREET ADDRESS	217 HILLCREST STREET
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	D <input type="checkbox"/> Delete
NAME	PALMER, GEORGE
STREET ADDRESS	217 HILLCREST STREET
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	ST <input checked="" type="checkbox"/> Delete
NAME	HARRIS, MILTON
STREET ADDRESS	217 HILCREST STREET
CITY-ST-ZIP	ORLANDO FL 32801

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 4/1/2002 407-425-1566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)