2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000183

Entity Name: CARDIOVASCULAR RESEARCH INSTITUTE, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
217 HILLCREST ST. ORLANDO, FL 32801	217 HILLCREST STREET ORLANDO, FL 32801 US

Current Mailing Address:	**New Mailing Address:**
217 HILLCREST ST. ORLANDO, FL 32801	217 HILLCREST STREET ORLANDO, FL 32801 US

FEI Number: 59-3365854   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
DICKSON, STEVEN E 217 HILLCREST STREET ORLANDO, FL 32801 US	

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: PD
Name: THOMPSON, PAUL A MD
Address: 217 HILLCREST STREET
City-St-Zip: ORLANDO, FL 32801 US

Title: VD
Name: ACCOLA, KEVIN D MD
Address: 217 HILLCREST STREET
City-St-Zip: ORLANDO, FL 32801 US

Title: SD
Name: PALMER, GEORGE J III MD
Address: 217 HILLCREST STREET
City-St-Zip: ORLANDO, FL 32801 US

Title: TD
Name: SAND, MARK E MD
Address: 217 HILLCREST STREET
City-St-Zip: ORLANDO, FL 32801 US

Title: ASD
Name: SUAREZ, JORGE E MD
Address: 217 HILLCREST STREET
City-St-Zip: ORLANDO, FL 32801 US

Title: ATD
Name: BOTT, JEFFREY N MD
Address: 217 HILLCREST STREET
City-St-Zip: ORLANDO, FL 32801 US

I hereby 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 all other like empowered.

SIGNATURE: PAUL A. THOMPSON, M.D.   P   03/18/2011

       Electronic Signature of Signing Officer or Director   Date