

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003475 (7)

1. Corporation Name

THE MOTE VASCULAR FOUNDATION, INC.



Principal Place of Business

Mailing Address

4044 SAWYER RD
SARASOTA FL 34233

4044 SAWYER RD
SARASOTA FL 34233

3. Date incorporated or Qualified

06/16/1997

4. FEI Number

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 5741 Bee Ridge Rd
Suite, Apt. #, etc.

26 5741 Bee Ridge Rd
Suite, Apt. #, etc.

22 400

27 400

23 Sarasota, FL
City & State

28 Sarasota, FL
City & State

24 34233
Zip

25 Sarasota
Country

29 34233
Zip

30 Sarasota
Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAMSON, RUSSELL H
4044 SAWYER RD
SARASOTA FL 34233

81 Name

Samson, Russell H

82 Street Address (P.O. Box Number is Not Acceptable)

5741 Bee Ridge Rd #400

83

84 City

Sarasota

FL

85 Zip Code

34233

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/25/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
DP	SAMSON, RUSSELL H	4044 SAWYER RD	SARASOTA FL 34233	<input type="checkbox"/>
DV	SHOWALTER, DAVID P	4044 SAWYER RD	SARASOTA FL 34233	<input type="checkbox"/>
DST	YUNIS, JONATHAN P	4044 SAWYER RD	SARASOTA FL 34233	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
		5741 Bee Ridge Rd #400	Sarasota, FL 34233	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	Change	Addition
		5741 Bee Ridge Rd #400	Sarasota, FL 34233	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	Change	Addition
		5741 Bee Ridge Rd #400	Sarasota, FL 34233	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25/98 941-371-6565

CR2E037 (5/98)