2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000003475

1. Entity Name
THE MOTE VASCULAR FOUNDATION, INC.

Principal Place of Business	Mailing Address
5741 BEE RIDGE RD SUITE 400 SARASOTA, FL 34233 US	5741 BEE RIDGE RD SUITE 400 SARASOTA, FL 34233 US

DO NOT WRITE IN THIS SPACE

01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAMSON, RUSSELL H
5741 BEE RIDGE RD
SUITE 400
SARASOTA, FL 34233

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. *(NOTE: Registered Agent signature required when reinstating)*

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SAMSON, RUSSELL H
STREET ADDRESS	5741 BEE RIDGE, #400
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	DV
NAME	SHOWALTER, DAVID P
STREET ADDRESS	5741 BEE RIDGE RD, #400
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	DST
NAME	MORALES, RICARDO E
STREET ADDRESS	5741 BEE RIDGE RD, #400
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/06-80015-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 2/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #