

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90029 015 ****61.25

DOCUMENT # N97000003475

1. Entity Name
THE MOTE VASCULAR FOUNDATION, INC.



Principal Place of Business
600 NORTH CATTLEMEN ROAD
~~STE 200~~
SARASOTA, FL 34232 US

Mailing Address
600 NORTH CATTLEMEN ROAD
~~STE 200~~
SARASOTA, FL 34232 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite 220

Suite, Apt. #, etc.

Suite 220

City & State

City & State

Zip

Country

Zip

Country

01162008

Chg-NP

CR2E037 (12/06)

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~~ 600 North Cattlemen Road
~~SUITE 400~~ Suite 220
~~SARASOTA, FL 34233~~ Sarasota, FL 34232

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. 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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE DP ☐ Delete
NAME SAMSON, RUSSELL H
STREET ADDRESS 600 NORTH CATTLEMEN ROAD STE 220
CITY-ST-ZIP SARASOTA, FL 34233

TITLE DV ☐ Delete
NAME SHOWALTER, DAVID P
STREET ADDRESS 600 NORTH CATTLEMEN ROAD STE 220
CITY-ST-ZIP SARASOTA, FL 34232

TITLE DST ☐ Delete
NAME MORALES, RICARDO E
STREET ADDRESS 600 NORTH CATTLEMEN ROAD STE 220
CITY-ST-ZIP SARASOTA, FL 34232

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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: RUSSELL H. SAMSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #