

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003475

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE MOTE VASCULAR FOUNDATION, INC.

Current Principal Place of Business:

600 NORTH CATTLEMEN ROAD
STE 200
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

600 NORTH CATTLEMEN ROAD
STE 200
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SAMSON, RUSSELL H
600 NORTH CATTLEMEN ROAD
SUITE 220
SARASOTA, FL 34232 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:

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SAMSON, RUSSELL H
Address: 600 NORTH CATTLEMEN ROAD STE 220
City-St-Zip: SARASOTA, FL 34233

Title: DV () Delete
Name: SHOWALTER, DAVID P
Address: 600 NORTH CATTLEMEN ROAD STE 220
City-St-Zip: SARASOTA, FL 34232

Title: DST () Delete
Name: MORALES, RICARDO E
Address: 600 NORTH CATTLEMEN ROAD STE 220
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RUSSELL H. SAMSON

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date