2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2011
Secretary of State

DOCUMENT# N97000003475

Entity Name: THE MOTE VASCULAR FOUNDATION, INC.

Current Principal Place of Business:

600 NORTH CATTLEMEN ROAD
SUITE 220
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

600 NORTH CATTLEMEN ROAD
SUITE 220
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
600 NORTH CATTLEMEN ROAD
SUITE 220
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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: DP
Name: SAMSON, RUSSELL H
Address: 600 NORTH CATTLEMEN ROAD SUITE 220
City-St-Zip: SARASOTA, FL 34232

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

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

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: RUSSELL H. SAMSON, M.D. DP 02/24/2011
Electronic Signature of Signing Officer or Director Date