

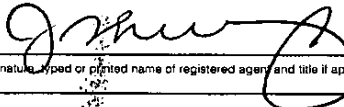
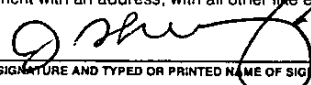


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90138 001 \*\*\*\*61.25

<b>DOCUMENT # N98000005372</b>					
<b>1. Entity Name</b> FLORIDA CARDIOVASCULAR INSTITUTE RESEARCH FOUNDATION, INC.					
<b>Principal Place of Business</b> 508 S HABANA STE 335 TAMPA, FL 33609 US			<b>Mailing Address</b> 508 S HABANA STE 335 TAMPA, FL 33609 US		
<b>2. Principal Place of Business</b> 509 S. ARMENIA Suite, Apt. #, etc. SUITE 200 City & State TAMPA FL Zip 33609 Country USA		<b>3. Mailing Address</b> 509 S. ARMENIA AVE, Suite, Apt. #, etc. SUITE 200 City & State TAMPA, FL Zip 33609 Country USA			
03282005 Chg-NP CR2E037 (10/03)				<b>4. FEI Number</b> 59-3543558	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> FONTANET, HECTOR MD 508 S. HABANA AVE TAMPA, FL 33609			<b>7. Name and Address of New Registered Agent</b> Name J. THOMPSON SULLEBARGER M.D. Street Address (P.O. Box Number is Not Acceptable) 509 S. ARMENIA AVE. SUITE 200 City TAMPA FL Zip Code 33609		
<b>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.</b>					
SIGNATURE  3/28/05 J. THOMPSON SULLEBARGER, MD, PRESIDENT <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATAR, FADI A M.D. 9809 BAY ISLAND DR TAMPA, FL 33615	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONTANET, HECTOR L M.D. 4816 LONDONDERRY DR TAMPA, FL 33647	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLEBARGER, J. THOMPSON M.D. 13905 OBERLIN MANOR WY TAMPA, FL 33613	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. 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 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.</b>					
SIGNATURE:  3/28/05 813-353-8634 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

J. THOMPSON SULLEBARGER