2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N98000005372

Entity Name: FLORIDA CARDIOVASCULAR INSTITUTE RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

509 S ARMENIA AVE
STE 200
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

509 S ARMENIA AVE
STE 200
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 59-3543558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SULLENBARGER, J. THOMPSON MD
509 S ARMENIA AVE, STE 200
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

SULLEBARGER, J. THOMPSON MD
509 S ARMENIA AVE, STE 200
TAMPA, FL 33609 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: J. THOMPSON SULLEBARGER 04/27/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MATAR, FADI A M.D.
Address: 9809 BAY ISLAND DR
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete
Name: FONTANET, HECTOR L M.D.
Address: 4816 LONDONDERRY DR
City-St-Zip: TAMPA, FL 33647

Title: D (X) Delete
Name: SULLEBARGER, J. THOMPSON M.D.
Address: 13905 OBERLIN MANOR WY
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: SULLEBARGER, J. THOMPSON MD
Address: 13905 OBERLIN MANOR WAY
City-St-Zip: TAMPA, FL 33613

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

I hereby certify that the information supplied with this filing does not qualify for the 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: J. THOMPSON SULLEBARGER D 04/27/2006
Electronic Signature of Signing Officer or Director Date