


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90077 001 ****61.25

DOCUMENT # N98000005372					
1. Entity Name FLORIDA CARDIOVASCULAR INSTITUTE RESEARCH FOUNDATION, INC.					
Principal Place of Business 509 S ARMENIA AVE STE 200 TAMPA, FL 33609 US			Mailing Address 509 S ARMENIA AVE STE 200 TAMPA, FL 33609 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3543558	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SULLEBARGER, J. THOMPSON MD 509 S ARMENIA AVE, STE 200 TAMPA, FL 33609			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	D SULLEBARGER, J. THOMPSON MD 13905 OBERLIN MANOR WAY TAMPA, FL 33613	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLEBARGER, J. Thompson MD 14013 Lake Magdalene Blvd. Tampa, FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLEBARGER, J. Thompson MD 14013 Lake Magdalene Blvd. Tampa, FL 33618	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLEBARGER, J. Thompson MD 14013 Lake Magdalene Blvd. Tampa, FL 33618	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLEBARGER, J. Thompson MD 14013 Lake Magdalene Blvd. Tampa, FL 33618	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLEBARGER, J. Thompson MD 14013 Lake Magdalene Blvd. Tampa, FL 33618	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 2/19/08					
Daytime Phone #					