

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005372

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**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:**

SULLEBARGER, J. THOMPSON MD  
509 S ARMENIA AVE, STE 200  
TAMPA, FL 33609 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: D  
Name: MATAR, FADI A M.D.  
Address: 9809 BAY ISLAND DR  
City-St-Zip: TAMPA, FL 33615

Title: D  
Name: SULLEBARGER, THOMPSON MD  
Address: 14013 LAKE MAGDALENE BLVD  
City-St-Zip: TAMPA, FL 33618

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: FADI A. MATAR, MD

D

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date