2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2021
Secretary of State
9183350061CC

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Entity Name: FLORIDA HEART RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

4770 BISCAYNE BLVD SUITE 500
MIAMI, FL 33137

Current Mailing Address:

4770 BISCAYNE BLVD SUITE 500
MIAMI, FL 33137 US

FEI Number: 51-0474502

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAVALIE, NANCY
4770 BISCAYNE BLVD SUITE 500
MIAMI, FL 33137 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: NANCY CAVALIE 02/02/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CHAIRMAN
Name	BATCHELLER, JOE ANN
Address	4770 BISCAYNE BLVD, SUITE 500
City-State-Zip:	MIAMI FL 33137

Title	DIRECTOR, SECRETARY
Name	DI PIETRO, OLIVER R MD
Address	4770 BISCAYNE BLVD, SUITE 500
City-State-Zip:	MIAMI FL 33137

Title	DIRECTOR
Name	SCHOTT, STEPHEN H
Address	4770 BISCAYNE BLVD, SUITE 500
City-State-Zip:	MIAMI FL 33137

Title	DIRECTOR
Name	HUMPHREY, TRACY TOWLE
Address	4770 BISCAYNE BLVD, SUITE 500
City-State-Zip:	MIAMI FL 33137

Title	VC
Name	ADAMS, JOSE A MD
Address	4770 BISCAYNE BLVD, SUITE 500
City-State-Zip:	MIAMI FL 33137

Title	DIRECTOR
Name	MELLA, MARY JEAN CATINCHI ESQ.
Address	4770 BISCAYNE BLVD, SUITE 500
City-State-Zip:	MIAMI FL 33137

Title	TREASURER
Name	CAVALIE, NANCY R
Address	4770 BISCAYNE BLVD, SUITE 500
City-State-Zip:	MIAMI FL 33137

Title	DIRECTOR
Name	WHALEN, ELIZABETH
Address	4770 BISCAYNE BLVD, SUITE 500
City-State-Zip:	MIAMI FL 33137

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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: NANCY R CAVALIE EXECUTIVE DIRECTOR 02/02/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CANOSSA-TERRIS, MARIA MD
Address	4770 BISCAYNE BLVD, SUITE 500
City-State-Zip:	MIAMI FL 33137