

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000645

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

01/28/2022

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

Continues on page 2

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**

01/28/2022

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