

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000005254

**Entity Name:** CARDIOVASCULAR CENTER OF SARASOTA FOUNDATION  
FOR RESEARCH AND EDUCATION, INC.

**FILED**  
**Mar 11, 2018**  
**Secretary of State**  
**CC8607990141**

**Current Principal Place of Business:**

1950 ARLINGTON STREET, SUITE 300  
SARASOTA, FL 34239

**Current Mailing Address:**

1950 ARLINGTON STREET, SUITE 300  
SARASOTA, FL 34239

**FEI Number: 47-4110671**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HARRELL, DONALD J  
1776 RINGLING BLVD.,  
SARASOTA, FL 34236 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DC  
Name EL SHAHAWY, MAHFOUZ DR  
Address 312 BIRD KEY DR.  
City-State-Zip: SARASOTA FL 34236

Title D  
Name HARRELL, DONALD J  
Address 951 SIRUS TRAIL  
City-State-Zip: SARASOTA FL 34232

Title D  
Name KELLY, THOMAS DR  
Address 1545 BLUE HERON DRIVE  
City-State-Zip: SARASOTA FL 34239

*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: DR MAHFOUZ EL SHAHAWY

D

03/11/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date