

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000183

**Entity Name:** CARDIOVASCULAR RESEARCH INSTITUTE, INC.

**Current Principal Place of Business:**

217 HILLCREST STREET  
ORLANDO, FL 32801

**Current Mailing Address:**

217 HILLCREST STREET  
ORLANDO, FL 32801 US

**FEI Number:** 59-3365854

**Certificate of Status Desired:** No

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

DICKSON, STEVEN E  
217 HILLCREST STREET  
ORLANDO, FL 32801 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 PD  
Name ACCOLA, KEVIN D. MD  
Address 217 HILLCREST STREET  
City-State-Zip: ORLANDO FL 32801

Title SD  
Name PALMER, GEORGE J. III, M.D.  
Address 217 HILLCREST STREET  
City-State-Zip: ORLANDO FL 32801

Title TD  
Name SUAREZ, JORGE E. M.D.  
Address 217 HILLCREST STREET  
City-State-Zip: ORLANDO FL 32801

*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:** KEVIN D. ACCOLA, M.D.

PD

04/06/2016

Electronic Signature of Signing Officer/Director Detail

Date