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.

C. D

SIGNATURE: STEPHEN F. FILFIKER

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N2300000497

Entity Name: SARCOIDOSIS, TRANSPLANT, ORGAN PROCUREMENT AND CARDIOMYOPATHY FOUNDATION, INC.

Current Principal Place of Business:

8359 BEACON BLVD STE 415 FORT MYERS, FL 33907

Current Mailing Address:

8359 BEACON BLVD STE 415 FORT MYERS, FL 33907 US

FEI Number: 92-2199048

Name and Address of Current Registered Agent:

HILFIKER, STEPHEN FRANK 8359 BEACON BLVD STE 415 FORT MYERS, FL 33907 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	E: STEPHEN F. HILFIKER			03/15/2024
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	CD	Title	D	
Name	STEPHEN FRANK HILFIKER	Name	GARRY STEPHEN FIGLER	
Address	8359 BEACON BLVD	Address	732 LEGACY PARK DRIVE	
	STE 415	City-State-Zip:	CASSELBERRY FL 32707	
City-State-Zip:	FORT MYERS FL 33907	ony oldie zip.		
Title	D			
Name	DAVID KARL HILMAN			
Address	21148 NW 167TH PLACE			
City-State-Zip:	HIGH SPRINGS FL 32643			

Certificate of Status Desired: No

FILED Mar 15, 2024 Secretary of State 3109408117CC

03/15/2024