

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90023 049 \*\*\*150.00

03/22/02 AM

**DOCUMENT # L47372**  
**1. Entity Name**  
**CARDIOSONOGRAPHY, INC.**

**Principal Place of Business**      **Mailing Address**  
**11298 SW 155TH LANE**      **11298 SW 155TH LANE**  
**MIAMI FL 33157**      **MIAMI FL 33157**

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip -      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **65-0177276**      **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**  
**RASSNER, H WAYNE**      **Name**  
**7700 N. KENDALL DR.**      **Street Address (P.O. Box Number is Not Acceptable)**  
**SUITE 803**      **City** **FL** **Zip Code**  
**MIAMI FL 33156**

**8. 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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
**10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS DOWNS, CROMWELL 11298 SW 155 LN MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DOWNS, CROMWELL 11298 SW 155 LN MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.**

**SIGNATURE:** *Cromwell Downs*      **03-08-02-305-613-1241**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)