

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008112

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** CARDIOLOGICAL SCIENTIFIC FOUNDATION OF PARAGUAY, INC.

**Current Principal Place of Business:**

2917 N.W. 82ND AVENUE  
DORAL, FL 33122 US

**New Principal Place of Business:**

**Current Mailing Address:**

2917 N.W. 82ND AVENUE  
DORAL, FL 33122 US

**New Mailing Address:**

FEI Number: 26-0020514

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUARTE, MANUEL J  
2917 N.W. 82ND AVENUE  
DORAL, FL 33122 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: EBNER, ADRIAN  
Address: BRASILIA ESQ. INSAURALDE NIVEL 3  
City-St-Zip: ASUNCION PARAGUAY,

Title: VTD  
Name: DUARTE, MANUEL J  
Address: 2917 N.W. 82ND AVENUE  
City-St-Zip: DORAL, FL 33122

Title: SD  
Name: WARNER, KENNETH ESQ.  
Address: 5201 BLUE LAGOON DRIVE, SUITE 800  
City-St-Zip: MIAMI, FL 33126

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: MANUEL DUARTE

VTD

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date