

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000032919

FILED
Mar 23, 2009
Secretary of State

Entity Name: COMPREHENSIVE VASCULAR DIAGNOSTICS, INC.

Current Principal Place of Business:

1892 BELLAIR BLVD
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

1892 BELLAIR BLVD
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 26-2342153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, BRYAN
3126 MAGNOLIA ROAD
ORANGE PARK, FL 32065 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JACOBS, BRYAN
Address: 3126 MAGNOLIA ROAD
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete
Name: JACOBS, JEFF
Address: 724 CHERRY GROVE ROAD
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: MALLARD, LESLIE
Address: 1642 BRISTOL PLACE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN JACOBS

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date