

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000032790

FILED
Jan 20, 2012
Secretary of State

Entity Name: FAILURE ANALYSIS OF CARDIOVASCULAR TECHNOLOGIES, INC.

Current Principal Place of Business:

3777 GULF STREAM RD
GULF STREAM, FL 33483

New Principal Place of Business:

179 NW EMERSON PL
BOCA RATON, FL 33432

Current Mailing Address:

34 WASHINGTON CIR
LAKE FOREST, IL 60045

New Mailing Address:

179 NW EMERSON PL
BOCA RATON, FL 33432

FEI Number: 65-1101667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORENO, ANTHONY C
3777 GULF STREAM RD.
GULF STREAM, FL 33483 US

Name and Address of New Registered Agent:

MORENO, ANTHONY C
179 NW EMERSON PL
BOCA RATON, FL 33432 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: ANTHONY C MORENO

01/20/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: MORENO, ANTHONY C
Address: 179 NW EMERSON PL
City-St-Zip: BOCA RATON, FL 33432

Title: D
Name: MOORE, JAMES E JR.
Address: 15001 TURNBERRY CT.
City-St-Zip: COLLEGE STATION, TX 77845

Title: D
Name: KATZEN, DR.BARRY T
Address: 4201 COLLINS AVENUE, APT. 604
City-St-Zip: MIAMI BEACH, FL 33140

Title: D
Name: MORENO, MICHAEL R
Address: 1203 MERRY OAKS DR
City-St-Zip: COLLEGE STATION, TX 77840

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY C MORENO

D

01/20/2012

Electronic Signature of Signing Officer or Director

Date