

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008112

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

**FILED**  
**Mar 14, 2013**  
**Secretary of State**  
**CC6850919463**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 26-0020514**

**Certificate of Status Desired: Yes**

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

DUARTE, MANUEL J  
2917 N.W. 82ND AVENUE  
DORAL, FL 33122 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

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

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

Title SD  
Name WARNER, KENNETH ESQ.  
Address 5201 BLUE LAGOON DRIVE, SUITE  
800  
City-State-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 J DUARTE

VTD

03/14/2013

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date