

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000032790

**Entity Name:** FAILURE ANALYSIS OF CARDIOVASCULAR TECHNOLOGIES, INC.

**FILED**  
**May 13, 2013**  
**Secretary of State**  
**CC2642786464**

**Current Principal Place of Business:**

179 NW EMERSON PL  
BOCA RATON, FL 33432

**Current Mailing Address:**

179 NW EMERSON PL  
BOCA RATON, FL 33432

**FEI Number: 65-1101667**

**Certificate of Status Desired: No**

**Name and Address of Current 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title D  
Name MOORE, JAMES EJ.R.  
Address 15001 TURNBERRY CT.  
City-State-Zip: COLLEGE STATION TX 77845

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

Title D  
Name MORENO, MICHAEL R  
Address 1203 MERRY OAKS DR  
City-State-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**

**DIRECTOR**

**05/13/2013**

Electronic Signature of Signing Officer/Director Detail

Date