

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000057398

**Entity Name:** C.O.R. INTERVENTIONAL MEDICINE INC

**Current Principal Place of Business:**

7000 W OAKLAND PARK BLVD  
#204  
SUNRISE, FL 33313

**Current Mailing Address:**

7000 W OAKLAND PARK BLVD  
#204  
SUNRISE, FL 33313 US

**FEI Number:** 81-3146395

**Certificate of Status Desired:** No

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

ZAPATA, ZERIOSHA  
7000 W OAKLAND PARK BLVD  
#204  
SUNRISE, FL 33313 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 P  
Name ZAPATA, ZERIOSHA  
Address 7000 W OAKLAND PARK BLVD  
#204  
City-State-Zip: SUNRISE FL 33313

*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:** ZERIOSHA ZAPATA

**PRESIDENT**

**05/08/2018**

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

\_\_\_\_\_  
Date