

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91500 042 ***158.75

0615635 AI

DOCUMENT # F01000001792

1. Entity Name
MIRACOR DIAGNOSTICS, INC.

Principal Place of Business **Mailing Address**
5200 DAVISSON AVENUE, SUITE B **9191 TOWN CENTRE DRIVE, SUITE 400**
ORLANDO FL 32810 **SAN DIEGO CA 92122**

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. **9191 Towne Centre Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Zip Country Zip Country

4. FEI Number **58-1475517** **Applied For**
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
VEGA, MARITZA
5200 DAVISSON AVENUE, SUITE B
ORLANDO FL 32810

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State **10. Election Campaign Financing** **\$5.00 May Be**
 Trust Fund Contribution. ☐ **Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	XCD	<input type="checkbox"/> Delete	TITLE	Chairman and Director, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULSEBUS, M. LEE		NAME		
STREET ADDRESS	9191 TOWN CENTRE DRIVE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA 92122		CITY-ST-ZIP		
TITLE	SCFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIBERT, ROSS S		NAME		
STREET ADDRESS	9191 TOWN CENTRE DRIVE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA 92122		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNWINE, DON L		NAME		
STREET ADDRESS	9191 TOWN CENTRE DRIVE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA 92122		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	President and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUEHLBERG, ROBERT X		NAME	Robert S. Muehlberg	
STREET ADDRESS	9191 TOWN CENTRE DRIVE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA 92122		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** **4/29/02** **858-455-7127**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)