

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000004740 1. Entity Name CARDIOVASCULAR SCIENCES, INC.					
Principal Place of Business 226 WILSHIRE BLVD CASSELBERRY FL 32701			Mailing Address 226 WILSHIRE BLVD CASSELBERRY FL 32701		
2. Principal Place of Business Suite, Apt. #, etc. 218 Wilshire Blvd.		3. Mailing Address Suite, Apt. #, etc. 			
City & State Casselberry, FL 32707		City & State 		4. FEI Number 06-1622314	
Zip 32707		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARPER, NEAL 494 COUNTRY CLUB DR LONGWOOD FL 32750				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP HARPER, NEAL 226 WILSHIRE BLVD CASSELBERRY FL 32701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1000000347401 04/30/05-80113-019 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DART, SCOTT Q 218 WILSHIRE BLVD CASSELBERRY FL 32707	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUFFINGTON, RICHARD E III 222 WILSHIRE BLVD CASSELBERRY FL 32707	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>Scott Q. Dart</u> Scott Q. Dart <u>02 Feb 05</u> 407-618-0386 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					