

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000004740

FILED
Feb 08, 2008
Secretary of State

Entity Name: CARDIOVASCULAR SCIENCES, INC.

Current Principal Place of Business:

3251 PROGRESS DR
SUITE A, RM 121
ORLANDO, FL 32826

New Principal Place of Business:

Current Mailing Address:

218 WILSHIRE BLVD
CASSELBERRY, FL 32707

New Mailing Address:

3251 PROGRESS DR
SUITE A, RM 121
ORLANDO, FL 32826

FEI Number: 06-1622314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDELMANN, ERIC O
1332 HOMESTEAD WAY
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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: ERIC EDELMANN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: BD () Delete
Name: HARPER, NEAL
Address: 226 WILSHIRE BLVD
City-St-Zip: CASSELBERRY, FL 32701

Title: CP () Delete
Name: EDELMANN, ERIC O
Address: 1332 HOMESTEAD WAY
City-St-Zip: PALM HARBOR, FL 34683

Title: BD () Delete
Name: HOOPER, LAWRENCE H DR
Address: 388 LAKEPARK TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: BD () Delete
Name: CONOVER, JEVNE
Address: 11896 LAKESHORE AVE
City-St-Zip: GRAND HAVEN, MI 49417

Title: BD () Delete
Name: IQBAL, MUHAMMAD Z DR
Address: 811 ELLEN LANE CT
City-St-Zip: RIVER VALE, NJ 07675

Title: BD () Delete
Name: HARDER, SAMUEL W
Address: 8095 SOMERSET RD
City-St-Zip: ST. PAUL, MN 55125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAWRENCE HOOPER

BD

02/08/2008

Electronic Signature of Signing Officer or Director

Date