

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0074212 AV

DOCUMENT # F02000004740

1. Entity Name
CARDIOVASCULAR SCIENCES, INC.



FILED

03 MAY -5 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
226 WILSHIRE BLVD
CASSELBERRY FL 32701

Mailing Address
226 WILSHIRE BLVD
CASSELBERRY FL 32701



2. Principal Place of Business
226 Wilshire Blvd.
Suite, Apt. #, etc.

3. Mailing Address
226 Wilshire Blvd.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Casselberry, FL

City & State
Casselberry, FL

4. FEI Number 06-1622314

Applied For
Not Applicable

Zip Country
32707 U.S.A

Zip Country
32707 U.S.A

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

6. Name and Address of Current Registered Agent

HARPER, NEAL
226 WILSHIRE BLVD
CASSELBERRY FL 32701

7. Name and Address of New Registered Agent

Name
Neal Harper
Street Address (P.O. Box Number is Not Acceptable)
494 Country Club Dr.
City Longwood FL Zip Code 32750

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 Neal Harper President April 25, 2003
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP
NAME HARPER, NEAL
STREET ADDRESS 226 WILSHIRE BLVD
CITY-ST-ZIP CASSELBERRY FL 32701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500019087195
05/15/03--01064--001 **163.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Neal Harper April 25, 2003 (407) 618-0386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)