

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003132

FILED
Apr 24, 2008
Secretary of State

Entity Name: CARDIAC MANAGEMENT SYSTEMS INC.

Current Principal Place of Business:

C/O HAROLD GOBSTEIN
1836 MONTE CARLO WAY
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

C/O HAROLD GOBSTEIN
1836 MONTE CARLO WAY
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 11-2706872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINBERG, STEVEN A
7805 SW SIXTH COURT
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CIANCIULLI, STEVEN
Address: 1851 BRICKELL AVENUE APT 2307
City-St-Zip: MIAMI, FL 33129

Title: DS () Delete
Name: GOBSTEIN, HAROLD
Address: 1836 MONTE CARLO WAY
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
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: HAROLD GOBSTEIN

SECY

04/24/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date