2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L18358

FILED Apr 18, 2004 Secretary of State

Entity Name: CIRCULATORY SUPPORT, INC. **Current Principal Place of Business: New Principal Place of Business:** 6247 CALLE DE HIDALGO 6247 CALLE DE HIDALGO NAWARRE, FL 32566 NAVARRE, FL 32566 **Current Mailing Address: New Mailing Address:** PO BOX 0981 MIAMI, FL 332330981 FEI Number: 65-0150287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CACACE, PAT CACACE, PAT 6247 CALLE DE HIDALGO 6247 CALLE DE HIDALGO NAWARRE, FL 32566 NAVARRE, FL 32566 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: 04/18/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CACACE, PAT, Name: Name: 15485 SW 78 PL. Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: () Delete Title: Title: () Change () Addition Name: CACACE, MARY, Name: 15485 SW 78 PL Address: Address: MIAMI, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY E CACACE P 04/18/2004