2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

L18358 DOCUMENT #

1. Entity Name

CIRCULATORY SUPPORT, INC.



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90202 042 ***150.00

Principal Plac	ce of Business			Mailing	g Address								
6247 CALLE D	de Hidalgo	-		6247 (CALLE DE HIDALGO								
NAWARRE FL 32566				15485 SW 78 PL.									
				NAWARRE FL 32566									HAR 1888 HAR
2. Principal Place of Business				3. Mailing Address							i 1 3 11 1 1111 1111	1) MISSI DIDIL D	LOTE BEDTE 1501
				PO 130x 0981									
Suite, Apt. #, etc.				Suite, Apt. #, etc.						☐ CHECK HERE IF	MAKING	CHANGES	
				Willem								1 1.	
City & State				City & State				4. F	El Number 65-0150287			oplied For	
				1-100000									t Applicable
Zip		Country		Zip	200	Soun	ري رل ه		5 . C	Certificate of Status Desired		8.75 Add ee Require	
6. Name and Address of Current				00	933-0981	<i>−₽</i>	COLXX	ا	7 N	lame and Address of New Re			
	o. Name	and Addre	ss of Current P	registere	a Agent		Name		/. IN	idilie dilu Address Oi New Ne	gistered A	gent	
CACACE	DAT					•							
CACACE, PAT					Street Address			dress (F	(P.O. Box Number is Not Acceptable)				
6247 CALLE DE HIDALGO							-						
NAWARRE	E FL 32566						1						
							City				FL	Zip Cod	e
												1	
8. The above	e named entity	submits th	is statement for	the purpo	ose of changing its	registere	ed office or r	registere	ed age	ent, or both, in the State of Flori	da. I am fa	miliar with,	and accept
the obligat	itions of registe	ered agent	7										
SIGNATURE .													
	Signature, typed of	r printed name	of registered agent ar	nd title if appli	cable. (NOTE	. Registere	d Agent signature	e required	when rei	instating)	DATE		
F	ILE NOW!!!	FEE IS	\$150.00										_
	r May 1, 200									 Election Campaign Fina Trust Fund Contribution. 	· -		0 May Be to Fees
Make Check	k Payable to	Florida C	epartment of	State				•		must runa Controution.	لــا	Added	10 1662
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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: