


FILED
Jun 26, 2007 8:00 am
Secretary of State

06-26-2007 90001 018 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|--|---|---|---|
| DOCUMENT # M21569 | |  | |
| 1. Entity Name CARDIO-SERVICES, INC. | | | |
| Principal Place of Business 1111 96TH STREET SUITE 111 BAY HARBOR, FL 33154 | | Mailing Address 900 BAY DR APT 102 MIAMI BEACH, FL 33141 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-2584249 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SLAVIN, BONITA H 900 BAY DRIVE APTS 102-104 MIAMI BEACH, FL 33141 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD SLAVIN, BONITA H. 900 BAY DR-104 DRIVE, APTS. 102-104 MIAMI BCH, FL 33141 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SLAVIN, AMANDA HOPE 900 BAY DR-104 DRIVE, APTS. 102-104 MIAMI BCH, FL 33141 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SLAVIN, ADAM PAUL 900 BAY DR-104 DRIVE, APTS. 102-104 MIAMI BCH, FL 33141 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MD DOUGLAS SLAVIN, MD 900 BAY DRIVE, APTS. 102-104 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Bonita H. Slavin | | Date: 4/25/07 Daytime Phone: 305-865-4600 | |

ATTACHMENT 40121830
DOUGLAS SLAVIN, M.D. # M21569
CARDIOLOGY : INTERNAL MEDICINE

FACSIMILE TRANSMITTAL SHEET

TO: FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS

FROM:

COMPANY:
ATTN: EULA

DATE: 6/15/07

FAX NUMBER:
850 245 6017

TOTAL PAGES INCLUDING COVER:

PHONE NUMBER:

RE:

☐ URGENT

☒ FYI

☐ PLEASE COMMENT

☒ PLEASE REPLY

NOTES/COMMENTS:

EULA

Enclosed written check was returned in the letter & my
annual report
Inadvertently I also mailed another blank check # 19605
with the written one

Please advise / call @ 305 865 4000

Thank you

J. Slavin MD

** THE FOLLOWING INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW OR FLORIDA STATE STATUTES. THESE LAWS PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF SUCH INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM SUCH INFORMATION PERTAINS, OR OTHERWISE PERMITTED BY STATE FEDERAL LAW.

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JUN 22 2007

RESENT

J. Slavin MD