2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# M21569

Entity Name: CARDIO-SERVICES, INC.

Current Principal Place of Business:

1111 96TH STREET
SUITE 111
BAY HARBOR, FL 33154

New Principal Place of Business:

Current Mailing Address:

900 BAY DR
APT 102
MIAMI BEACH, FL 33141

New Mailing Address:

900 BAY DR
APTS. 102-104
MIAMI BEACH, FL 33141

FEI Number: 59-1487473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLAVIN, BONITA H
900 BAY DRIVE
APT. 102
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

SLAVIN, BONITA H
900 BAY DRIVE
APTS. 102-104
MIAMI BEACH, FL 33141 US

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: _____ 04/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: SLAVIN, BONITA H
Address: 900 BAY DRIVE APTS 102-104
City-St-Zip: MIAMI BEACH, FL 33141

Title: TD ( ) Delete
Name: SLAVIN, AMANDA HOPE
Address: 900 BAY DRIVE APTS 102-104
City-St-Zip: MIAMI BEACH, FL 33141

Title: VD ( ) Delete
Name: SLAVIN, ADAM PAUL
Address: 900 BAY DRIVE APTS 102-104
City-St-Zip: MIAMI BEACH, FL 33141

Title: SD ( ) Delete
Name: SLAVIN, DOUGLAS MD
Address: 900 BAY DRIVE APTS 102-104
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BONITA H. SLAVIN PSD 04/30/2009
Electronic Signature of Signing Officer or Director — Date