2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2010
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
APTS. 102-104
MIAMI BEACH, FL 33141

New Mailing Address:

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
APTS. 102-104
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

SLAVIN, DOUGLAS M.D.
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: DOUGLAS SLAVIN, M.D. 04/24/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TD
Name: SLAVIN, BONITA H
Address: 900 BAY DRIVE, APTS. 102-104
City-St-Zip: MIAMI BEACH, FL 33141

Title: SD
Name: SLAVIN, AMANDA HOPE
Address: 900 BAY DRIVE, APTS. 102-104
City-St-Zip: MIAMI BEACH, FL 33141

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

Title: PSD
Name: SLAVIN, DOUGLAS M.D.
Address: 900 BAY DRIVE, APTS. 102-104
City-St-Zip: MIAMI BEACH, FL 33141

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS SLAVIN, M.D. PSD 04/24/2010
Electronic Signature of Signing Officer or Director Date