

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007382

FILED
Feb 04, 2009
Secretary of State

Entity Name: CARDIOSTART USA, INCORPORATED

Current Principal Place of Business:

6110 HARTFORD ST
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

6110 HARTFORD ST
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-3679703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGUIRE, JOANNE M MS
302 ANDOVER PL. S.
#G147
SUN CITY CENTER, FL 33573 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HENSON, JANINE RN
Address: 26912 MEADOW RIDGE DRIVE
City-St-Zip: ELKO, MN 55020

Title: D () Delete
Name: MARATH, AUBYN MD
Address: 6110 HARTFORD ST
City-St-Zip: TAMPA, FL 33619

Title: S () Delete
Name: MCGUIRE, JOANNE M MS
Address: 6110 HARTFORD ST
City-St-Zip: TAMPA, FL 33619

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE M. MCGUIRE

S

02/04/2009

Electronic Signature of Signing Officer or Director

Date