

2005 FOR PROFIT CORPORATION ANNUAL REPORT

RS 192

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/11/05 01056 021 \$50.00



01122005 Chg-P CR2E034 (10/03) **tl**

DOCUMENT # P00000034945 1. Entity Name CARDIO OPTIONS, INC.					
Principal Place of Business 12627 SAN JOSE BLVD. SUITE 205 JACKSONVILLE, FL 32223 US			Mailing Address 12627 SAN JOSE BLVD. SUITE 205 JACKSONVILLE, FL 32223 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3639069 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BOYD, JACK L 12627 SAN JOSE BLVD. SUITE 205 JACKSONVILLE, FL 32223				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P BOYD, JACK 12627 SAN JOSE BLVD. #205 JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition 200048869722 01/11/05--01056--021 **50.00 </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOYD, CAROLYN 12627 SAN JOSE BLVD. #205 JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition 200048869722 03/22/05--01040--026 **100.00 </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
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, 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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: </div> <div style="width: 20%;"> 3/10/05 </div> <div style="width: 30%;"> 904268-6679 </div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # </div>					

PS Lgr

CARDIO OPTIONS, INC.
12627 SAN JOSE BLVD. #205
JACKSONVILLE, FL 32223
OFFICE (904) 268-6679
FAX (904) 425-3236

Date: 3/10/05

To: Florida Dept. of State

Re: Corporations Documentation

From: Carolyn Boyd

Please see the attachments. We sent in \$50 for payment for the fictitious name document and should receive a credit towards the annual report for our corporation. Enclosed is a check for \$100 as instructed with the paperwork to process. Please contact me if there are any questions. Thanks.