

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90108 002 \*\*\*150.00

**DOCUMENT #** *P02000006857*

**1. Entity Name**

**NEUMO HEART CORPORATION**



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

*12430 S.W. 190st.*

**3. Mailing Address**

*12430 S.W. 190st.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

*Miami Florida*

**City & State**

*Miami Florida*

**4. FEI Number**

*04-3590803*

**Applied For**

**Not Applicable**

**Zip**  
*33177*

**Country**  
*U.S.A.*

**Zip**  
*33177*

**Country**  
*U.S.A.*

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

**Name** *Raul P. Santos*

**Street Address (P.O. Box Number is Not Acceptable)**

*12430 S.W. 190st.*

**City** *Miami*

**FL**

**Zip Code** *33177*

**DO NOT WRITE  
IN THIS SPACE**

**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**

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

**DATE**

*04/01/03.*

**January 1st - May 1st Fee is \$150.00**

**After May 1st Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** *President*  
**NAME** *Raul P. Santos*  
**STREET ADDRESS** *12430 S.W. 190st*  
**CITY-ST-ZIP** *Miami FL 33177*

**TITLE** *Secretary*  
**NAME** *Raul P. Santos*  
**STREET ADDRESS** *12430 S.W. 190st*  
**CITY-ST-ZIP** *Miami FL 33177*

**TITLE** *Treasurer*  
**NAME** *Mercedes Santos*  
**STREET ADDRESS** *12430 S.W. 190st*  
**CITY-ST-ZIP** *Miami FL 33177*

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.**

**SIGNATURE:**

*[Signature]* **Raul P. Santos**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-19-03*

Date

*(305)480-0745*

Daytime Phone #

CR2E034B (12/02)