

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136198

Entity Name: CARDIAC MEDICAL SOLUTIONS, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

791 CYPRESS LAKE CIR.
FORT MYERS, FL 33919

New Principal Place of Business:

14490 VISTA RIVER DR
STE D-22
FORT MYERS, FL 33908

Current Mailing Address:

791 CYPRESS LAKE CIR.
FORT MYERS, FL 33919

New Mailing Address:

14490 VISTA RIVER DR
STE D-22
FORT MYERS, FL 33908

FEI Number: 83-0407739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POMBRIO, TOBY
791 CYPRESS LAKE CIR.
FORT MYERS, FL 33919 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,VP () Delete
Name: POMBRIO, TOBY
Address: 791 CYPRESS LAKE CIR.
City-St-Zip: FORT MYERS, FL 33919

Title: S, T () Delete
Name: POMBRIO, TOBY
Address: 791 CYPRESS LAKE CIR.
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TOBY POMBRIO

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date