2007 FOR PROFIT CORPORATION

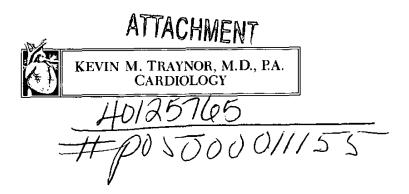
SIGNATURE:

Jul 18, 2007 8:00 am Secretary of State **ANNUAL REPORT**

FILED

07-18-2007 90045 036 ***150.00 **DOCUMENT # P05000011155** TRAÝNOR CARDIOLOGY, INC. ANTESION Mailing Address Principal Place of Business 1559 SE LENNARD ROAD 1559 SE LENNARD ROAD PORT SAINT LUCIE, FL 34952 PORT SAINT LUCIE, FL 34952 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 07112007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 65-0241849 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TRAYNOR, KEVIN M Street Address (P.O. Box Number is Not Acceptable) 1246 NW BENTLEY CIRCLE PORT SAINT LUCIE, FL 34986 645 SW LONG Key Cour 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE ☐ Change ☐ Addition TITLE TRAYNOR, KEVIN M NAME NAME 1246 NW BENTLEY CIRCLE STREET ADDRESS STREET ADDRESS CITY-SI-ZIP PORT SAINT LUCIE, FL 34986 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE TRAYNOR KEUIN M. 645 SWLBNG KEY COURT Port St. LUCIC, FL. 34986 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an artiferance with all other like empowered.

SIGNING OFFICER OR DIRECTOR



Division of Corporations PO BOX 1500 Tallahassee, FL 32302-1500

Dear Representative:

Enclosed are my 2007 Annual report and a check in the amount of \$150 for the filing fee. I am requesting that the late fee of \$400 be waived per Florida Statue 607.193 (2)(b), and I certify that the corporation did not receive prior notice of the annual report.

Sincerely,

[[] MygNot, M].