

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083907

FILED  
Jan 08, 2008  
Secretary of State

**Entity Name:** CARDIO THORACIC INFORMATION SYSTEMS GROUP, INC.

**Current Principal Place of Business:**

3661 S. MIAMI AVE., SUITE 906  
MIAMI, FL 33133

**New Principal Place of Business:**

740 DAVIS ROAD  
CORAL GABLES, FL 33143

**Current Mailing Address:**

3661 S. MIAMI AVE., SUITE 906  
MIAMI, FL 33133

**New Mailing Address:**

740 DAVIS ROAD  
CORAL GABLES, FL 33143

**FEI Number:** 20-5203520

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEGUROLA, ROMUALDO J JR.  
3661 S. MIAMI AVE., SUITE 906  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

ADAMS, MAX A ESQ.  
10650 PARIS STREET  
COOPER CITY, FL 33026 US

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: MAX ADAMS

01/08/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SEGUROLA, ROMUALDO J JR.  
Address: 3661 S. MIAMI AVE., SUITE 906  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: REGO, ALFREDO  
Address: 3661 S MIAMI AVE, SUITE 906  
City-St-Zip: MIAMI, FL 33133

**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: ROMUALDO SEGUROLA, MD

D

01/08/2008

Electronic Signature of Signing Officer or Director

Date