

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083907

FILED  
Jan 19, 2009  
Secretary of State

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

**Current Principal Place of Business:**

740 DAVIS ROAD  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

740 DAVIS ROAD  
CORAL GABLES, FL 33143

**New Mailing Address:**

**FEI Number:** 20-5203520

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

THE MEDI-LAW FIRM  
1400 NW 10TH AVE., PH 3  
MIAMI, FL 33136 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, ESQ.

01/19/2009

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SEGUROLA, ROMUALDO J JR.  
Address: 740 DAVIS RD.  
City-St-Zip: CORAL GABLES, FL 33143 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 J. SEGUROLA

D

01/19/2009

Electronic Signature of Signing Officer or Director

Date