

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90022 024 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

40027753



02122008 Chg-P CR2E034 (12/06)

4. FEI Number 20-8812417 Applied For Not Applicable

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

DOCUMENT # P07000043322
 1. Entity Name
 XTREME CARDIAC SPECIALTIES, INC.



Principal Place of Business Mailing Address
 212 SOUTHERN MAGNOLIA LANE 212 SOUTHERN MAGNOLIA LANE
 SANFORD, FL 32771 SANFORD, FL 32771

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

COSAT, CYNTHIA
 212 SOUTHERN MAGNOLIA LANE
 SANFORD, FL 32771

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P COSAT, CYNTHIA 212 SOUTHERN MAGNOLIA LANE SANFORD, FL 32771 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.

SIGNATURE: Cynthia Cosat Date: 2-14-08 321-262-9556 Cell

158.75