## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P11000076937

Name:

Address:

City-St-Zip:

REDDY, NAGENDER

1609 SW 17TH ST OCALA, FL 34471 US

Entity Name: SHRIVEN HEART & VASCULAR, INC.

FILED Apr 09, 2012 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 1609 SW 17TH ST OCALA, FL 34471 **Current Mailing Address: New Mailing Address:** 1609 SW 17TH ST OCALA, FL 34471 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MIZNER, TIM 1609 SW 17TH ST OCALA, FL 34471 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** Title: MIZNER, TIM Name: 1609 SW 17TH ST Address: City-St-Zip: OCALA, FL 34471 US Title: VΡ

I hereby 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 all other like empowered.

SIGNATURE: NAGENDER REDDY VP 04/09/2012