12/05/2007

Division of Corporations



PAGE 01/02

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Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003093

Phone

: (561)694-8107

Fax Number

: (561)694-1639

REGISTERED AGENT CHANGE

HCSG CARDIOVASCULAR RESOURCES, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Pennsylvania in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: HCSG Cardiovascular Re	esources, Inc.	
2. The principal office address:		
920 WINTER STREET WALTHAM MA 02451		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 3/13/1987	Document Number: P13596	
5. The name and street address of the current registered ages Florida Department of State: CT CORPORATION SYSTEM	nt and registered office on file with the	
1200 S. PINE ISLAND ROAD	· · · · · · · · · · · · · · · · · · ·	
PLANTATION FL 33324	- S. Z.	
6. The name and street address of the new registered agent (if changed):	if changed) and /or registered office	
Corporate Creations Network Inc.		
11380 Prosperity Farms Road #221E		
(P.O. Box Not acceptable) Palm Beach Gardens FL 33410		
The street address of its registered office and the street ad agent, as changed will be identical.	ddress of the business office of its registered	
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been notified	by its board of directors or by an officer so in writing of the change.	
DIMMOND. by	S. Simons as attorney-in-fact	
(Signature of an officer or director)	(Printed or Typed name and title)	
I hereby accept the appointment as registered agent and age I further agree to comply with the provisions of all sto performance of my duties, and I am familiar with and accep agent. Or, if this document is being filed merely to reflect hereby confirm that the corporation has been notified in wri	ntutes relative to the proper and complete of the obligation of my position as registered a change in the registered office address, I	
Samunto Summer	12/5/2007	
(Signature of Registered Agent)	(Date)	
If signing on behalf of an entity:		
Samantha Simons, Assistant Secretary		
(Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Corporate Creations International Inc. 11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107

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