FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P41156** **(1)**

1. Corporate Name
CARDIOVASCULAR VENTURES, INC.

Principal Place of Business
C/O CORPORATION TRUST COMPANY
1209 ORANGE STREET
WILMINGTON DE 19801

Mailing Address
C/O CORPORATION TRUST COMPANY
1209 ORANGE STREET
WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/23/1992**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business
21
Suite Apt. #
22
City, State
23
Country
24 25

2a. Mailing Address
26
Suite Apt. #
27
City, State
28
Country
29 30

4. FEI Number: **65-0294084**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under Chapter 199, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
WERTHEIMER, DAVID MD.
1700 SE HILLMOOR DR.
SUITE 202
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am familiar with and hereby accept the obligations pertaining to such position, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WATTS, RALPH J.
STREET ADDRESS	209 FAIRWAY DRIVE
CITY, ST, ZIP	NEW ORLEANS LA
TITLE	CD
NAME	MILLER, CHARLES R.
STREET ADDRESS	14340 TORREY CHASE, #320
CITY, ST, ZIP	HOUSTON TX
TITLE	D
NAME	QUEALLY, PAUL B.
STREET ADDRESS	140 BROADWAY
CITY, ST, ZIP	NEW YORK NY
TITLE	D
NAME	O'LEARY, DENISE
STREET ADDRESS	3000 SAND HILL ROAD, #4
CITY, ST, ZIP	MENLO PARK NY
TITLE	SD
NAME	WE4RTHEIMER, DAVID, DR.
STREET ADDRESS	1700 SE HILLMOOR DR., SUITE 202
CITY, ST, ZIP	PT. ST. LUCIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☒ Addition
NAME	S. V P
STREET ADDRESS	Jack Thompson
CITY, ST, ZIP	336 Camp Street Ste 250
	New Orleans, LA. 70130

14. I hereby certify that the information supplied with this report is validly furnished and does not qualify for the exemption stated in Section 607.0193, Florida Statutes. I further certify that the corporation named in the annual report or supplemental annual report is not an inactive corporation and that no shareholder vote is required in connection with the filing of this report. I further certify that I am familiar with and hereby accept the duties and responsibilities as registered agent for the corporation named in the annual report or supplemental annual report, and that my name appears above, or on an attached amendment, as registered agent of the corporation named in the annual report or supplemental annual report.

SIGNATURE: Jack Thompson 5/1/95 504-523-2997

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

00002338 CP