FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P41156 (1)

1. Corporation Name
Cardiovascular Ventures, Inc.

Principal Place of Business | Mailing Address

	3. Date Incorporated or Qualified	3a. Date of Last Report
	10/23/92	05/01/95

2. Principal Place of Business	2a. Mailing Address
21 336 Camp Street	26 336 Camp Street
Suite, Apt. #, etc. 22 Suite 250	Suite, Apt. #, etc. 27 Suite 250
City & State 23 New Orleans, LA	City & State 28 New Orleans, LA
Zip 24 70130 Country 25	Zip 29 70130 Country 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 s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Wertheimer, M.D., David
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 Sections 607.0502 and 607.1508, 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of Reg. Agent and title if applicable) (Note: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Watts, Ralph J.		1.2 NAME	
STREET ADDRESS	209 Fairway Drive		1.3 STREET ADDRESS	
CITY-ST-ZIP	New Orleans, LA.		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Miller, Charles R.		2.2 NAME	
STREET ADDRESS	14340 Torrey Chase # 320		2.3 STREET ADDRESS	
CITY-ST-ZIP	Houston, TX.		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	O'Leary, Denise		3.2 NAME	
STREET ADDRESS	3000 Sand Hill Rd. #4		3.3 STREET ADDRESS	
CITY-ST-ZIP	Menlo Park, NY		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Wertheimer, MD David		4.2 NAME	
STREET ADDRESS	1700 SE Hillmoor Dr. Ste202		4.3 STREET ADDRESS	
CITY-ST-ZIP	Port St. Lucie, FL.		4.4 CITY-ST-ZIP	700001826767
TITLE	VT	☐ DELETE	5.1 TITLE	-05/20/96--01003--038 ☐ Change ☐ Addition
NAME	Thompson, Jack		5.2 NAME	***200.00
STREET ADDRESS	336 Camp St. Ste 250		5.3 STREET ADDRESS	
CITY-ST-ZIP	New Orleans, LA.		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Jack Thompson 4/30/96 504-523-2997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #