2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 10, 2006 08:00 AN Secretary of State

ANNOAL	KEFOKI	,	· —	repr	u, zuuo	uo:uu P
DOCUMENT # P920000024 1. Entity Name SAPIEN DIAGNOSTICS, INC.	434			Sec	cretary o	of State
Principal Place of Business 8407 N FLORIDA AVE TAMPA, FL 33604 US	Mailing Address 8407 NORTH FLORIDA AVE. TAMPA, FL 33604 US					
DO NOT WRITE IN THIS SPACE		CE	01102006 4. FEI Number 65-036	No Chg-P	CR2E034 (11/0	Applied For Not Applicable Additional
COOPER, KEVIN 8407 NORTH FLORIDA AVE. TAMPA, FL 33604		DO NOT WRITE IN THIS SPACE				
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 Signature typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when refristating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.0	9. Election Campaign Final	ncing _ \$5.	.00 May Be led to Fees			- · · · · · · · · · · · · · · · · · · ·
10. OFFICERS AND D TITLE D NAME COOPER, KEVIN STREET ADDRESS 8407 N FLORIDA AVE TOTALE NAME STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33604	DIRECTORS			00000 02/21/06	0428702 -80058-003	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			 			
STREET ADDRESS GITY -ST -ZIP 12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receive or trustee empor changed, or on an attachment with an address.	this filling does not adality for the ex true and accurate and that my signs wered to execute this report as requ lib at other like empowered.	emptions contained ature shall have the ired by Chapter 607	d in Chapter 119 same legal effec 7, Florida Statute	9, Florida Statutes. I ct as if made under o es; and that my nam	further certify that the cath, that I am an off appears in Block 1	ne information icer or director 0 or Block 11 if
SIGNATURE SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #						