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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000052183

1. Corporation Name

CARDIOWAVE LABORATORIES, INC.

Principal Place of Business

1650 NE 26TH ST
SUITE 101
FT LAUDERDALE FL 33305
US

Mailing Address

1650 NE 26TH ST
SUITE 101
FT LAUDERDALE FL 33305
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1994

4. FEI Number

65-0504686

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 2821 E. Commercial Blvd
Suite, Apt. #, etc.

2a. Mailing Address

26 Same as "2"

22 201
City & State

27
City & State

23 Ft. Lauderdale
Zip Country

28
Zip Country

24 83308 25 USA

29 30

9. Name and Address of Current Registered Agent

HAGGERTY, MARK
2101 W. COMMERCIAL BLVD.
SUITE 4300
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name AHMAD MORADI PhD
82 Street Address (P.O. Box Number is Not Acceptable)
2821 E. Commercial Blvd # 201
83
84 City Ft. Lauderdale FL 85 Zip Code 33308

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

Ahmad Moradi
Signature, typed or printed name of registered agent and title if applicable.

AHMAD MORADI PhD
(NOTE: Registered Agent signature required when reinstating)

1-16-99
DATE

12. OFFICERS AND DIRECTORS

TITLE PS
NAME HAGGERTY, MARK
STREET ADDRESS 2101 W. COMMERCIAL BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AHMAD MORADI PS
1.2 NAME
1.3 STREET ADDRESS 2821 E. Commercial Blvd # 201
1.4 CITY-ST-ZIP Ft. Lauderdale FL. 33308

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Ahmad Moradi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-99
Date

754-229-5099
Daytime Phone #

CR2E034 (1/98)