

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000031083

Entity Name: SCION CARDIO-VASCULAR, INC.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

14256 S.W. 119TH AVE.
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

14256 S.W. 119TH AVE.
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0681282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINSON, MICHAEL
%SCION CARDIO-VASCULAR, INC.
14256 S.W. 119TH AVE.
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEVINSON, MELVIN E MD
Address: 14256 SW 119 AVE.
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: CHAKOFF, STEPHEN
Address: 14256 SW 119 AVE.
City-St-Zip: MIAMI, FL 33186

Title: PD () Delete
Name: GOLIK, GEORGE
Address: 14256 SW 119TH AVENUE
City-St-Zip: MIAMI, FL 33186

Title: VPD () Delete
Name: LEVINSON, MICHAEL
Address: 14256 SW 119TH AVENUE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE GOLIK

PD

04/21/2005

Electronic Signature of Signing Officer or Director

Date