

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000031083

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: SCION CARDIO-VASCULAR, INC.

## 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:

OTOOLE, LORRAINE  
%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: ACEO ( ) Delete  
Name: LEVINSON, MELVIN  
Address: 14256 SW 119 AVE.  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: ROSE, LOUIS  
Address: 14256 SW 119TH AVENUE  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: PINCHUK, LEONARD  
Address: 14256 SW 119TH AVENUE  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: KATZEN, BARRY MD  
Address: 14256 SW 119 AVENUE  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: GURMAN, PETER W  
Address: 14256 SW 119 AVENUE  
City-St-Zip: MIAMI, FL 33186 US

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MELVIN LEVINSON, MD

ACEO

04/25/2007

Electronic Signature of Signing Officer or Director

Date