

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000031083

FILED
Jul 05, 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 (X)****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

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**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** CCEO (X) Change () Addition
Name: ROSENWEIN, LOUIS
Address: 14256 SW 119 AVE.
City-St-Zip: MIAMI, FL 33186**Title:** CDS (X) Change () Addition
Name: CHAKOFF, STEPHEN
Address: 14256 SW 119TH AVENUE
City-St-Zip: MIAMI, FL 33186**Title:** D (X) Change () Addition
Name: GARCIA, LAWRENCE M.D.
Address: 14256 SW 119TH AVENUE
City-St-Zip: MIAMI, FL 33186**Title:** D (X) Change () Addition
Name: ALTER, BARRY MD
Address: 14256 SW 119 AVENUE
City-St-Zip: MIAMI, FL 33186**Title:** D (X) Change () Addition
Name: BENENATI, JAMES M.D.
Address: 14256 SW 119 AVENUE
City-St-Zip: MIAMI, FL 33186 US**Title:** D () Change (X) Addition
Name: GOLDFARB, ROBERT
Address: 14256 SW 119 AVENUE
City-St-Zip: MIAMI, FL 33186

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: STEPHEN CHAKOFF

CDS

07/05/2007

Electronic Signature of Signing Officer or Director

Date