2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000031083

Entity Name: SCION CARDIO-VASCULAR, INC.

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
14256 S.W. MIAMI, FL	119TH AVE. 33186 US				
Current Mailing Address:			New Mailing Address:		
14256 S.W. MIAMI, FL	119TH AVE. 33186 US				
FEI Number:	65-0681282	FEI Number Applied For () FEI Num	nber Not Appli	cable () Certificate o	of Status Desired (X)
Name and	Address of Cu	urrent Registered Agent:	Name and	Address of New Regist	ered Agent:
14256 S.W. MIAMI, FL	ARDIO-VASCL 119TH AVE. 33186 US		f changing its	s registered office or regi	stared agent or both
in the State		ubmits this statement for the purpose o	i changing is	s registered office of regi	stered agent, or both,
SIGNATUR					
	Electroni	c Signature of Registered Agent		Da	te
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEO () I ROSENWEIN, LO 14256 SW 119 A MIAMI, FL 3318	WE.	Title: Name: Address: City-St-Zip:	()Change()/	Addition
Title: Name: Address: City-St-Zip:	VP () I CHAKOFF, STEF 14256 SW 119TI MIAMI, FL 3318	H AVENUE	Title: Name: Address: City-St-Zip:	()Change()/	Addition
Title: Name: Address: City-St-Zip:	TCFO () I RIEGLER, JAME 14256 SW 119TI MIAMI, FL 3318	H AVENUE	Title: Name: Address: City-St-Zip:	()Change()/	Addition
Title: Name: Address: City-St-Zip:	COO () I KOLB, EDWARD 14256 SW 119 A MIAMI, FL 3318	AVENUE	Title: Name: Address: City-St-Zip:	SCOO (X) Change () A KOLB, EDWARD 14256 SW 119 AVENUE MIAMI, FL 33186	Addition
Title: Name: Address: City-St-Zip:	SEC () I GOLDFARB, RO 14256 SW 119 MIAMI, F 33186	AVENUE	Title: Name: Address: City-St-Zip:	D (X) Change () A GOLDFARB, ROBERT 14256 SW 119 AVENUE MIAMI, F 33186	Addition
Title: Name: Address: City-St-Zip:	VP () I VILLALOBOS, JO 14256 SW 119 A MIAMI, F 33186	AVENUE	Title: Name: Address: City-St-Zip:	()Change()A	Addition

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: JAMES RIEGLER CFO 04/06/2009