

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90077 025 ***150.00

DOCUMENT # P97000003645

1. Entity Name

OPENED HEART THERAPIES, INC.



Principal Place of Business
**2150 PARK AVENUE NORTH
WINTER PARK FL 32789**

Mailing Address
**2150 PARK AVENUE NORTH
WINTER PARK FL 32789**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3423736**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORTER, PAULA K
2150 PARK AVENUE NORTH
WINTER PARK FL 32789**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PORTER, PAULA K. 2150 PARK AVE. NORTH WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PAULA K. PORTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-03

407-647-5124

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80138276
#P9700003645

Aug 11, 2003

To Whom It May Concern,

Please let this letter serve as my request for a waiver of the late fee. This year, I have received no previous notice by mail of fees due.

I am certain of this because several years ago, I did let the forms lay under paperwork on my desk past the initial due date and consequently paid the additional \$400 late fee. An expensive lesson! I have searched my check book register and ^{see} that at no time since the beginning of this year (2003) have I sent a check for \$150⁰⁰ to your department. So I am positive I did not receive the notice as I would not make that mistake (~~\$~~)-twice.

Enclosed is my check for \$150⁰⁰.

Please accept my apology for any additional paperwork this has caused.

Sincerely, & Thank you!

Paula R Porter

Opened Heart Therapies

Fed ID # 59-3423236