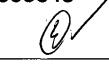
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P97000003645 **DOCUMENT #**

1. Entity Name OPENED HEART THERAPIES, INC.





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

08-13-2003 90077 025 ***150.00

		<i>G</i>	WI TO	
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.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-3423736 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Curren	it Registered Agent		7. Name and Address of New Registered Agent
			Name	
PORTER, 2150 PAR	Paula K K avenue North		Street Addres	ss (P.O. Box Number is Not Acceptable)
WINTER P	'ARK FL 32789			
	18	<u></u>	City	FL Zip Code
	itions of registered agent.		DTE: Registered Agent signature requ	stered agent, or both, in the State of Florida. I am familiar with, and accept . DATE
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$75 Make Check Payable to Florida Department		of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS ANI	D 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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	Change 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:

80138276 aug 11,2003 To Whom It may Concern, Please Let this letter serve as my request for a warser of the late fee This year I have received no previous notice by mail of fees deel I am certain of this because Several years ago, I did let the forms paperwork on my desk past due date and consequently said the additional \$400 late Lee. as Jarwije lesson / I have searched my check book register and that at no Time since the beginning of this year (2003) have I sent a check for \$1,500 department. So Damopositure of did not 1902-14 the notice as 2 locald not make that mistake (\$) twice. Enclosed is my check for \$15000. Please accept my apology for any addition aperwork this Ra Sincerely & Thank your FED GNH 59-342 3236

Attachment