2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000047568

1. Entity Name

CARDIAC CONCEPTS, INC.



FILED May 01, 2003 8:00 am § Secretary of State

05-01-2003 90541 038 ***150.00

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Principal Plac	ce of Business	3	Mailin	ig Address]						
20921 PINAR TRAIL BOCA RATON FL 33433			20921 PINAR TRAIL BOCA RATON FL 33433										
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2. Principal P	Place of Busin	ess	3. Mai	ling Address			11869	1881 118)8(III 1883) 4	B111 BB111 G	601)(BBI)) B (BI) BBB \$116	• 0(19) (BLI 103)	
Suite, Apt.	#, etc.		Suit	e, Apt. #, etc.				☐ CHECK F	HERE IF	MAKING	CHANGES	3	
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City & Stat	e		City	& State			4. FEI Numi	^{рег} 65-0763	545			oplied For	4
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Zip		Country	Zip		Count	ry		e of Status Desi	ired		\$8.75 Ac		
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	6. Name	and Address of Curren	it Hegistere	ed Agent	·•	Name	7. Name an	d Address of N	lew Heg	istered A	gent		┨
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PUCHFERRAN, RICHARD						Street Addres	ss (P.O. Box Numb	er is Not Accer	otable)				1
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BOCA RA	TON FL 334	l33											
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		7.				City				FL	Zip Co	ue	-
8. The above	named entity	submits this statement	for the purp	ose of changing its	registere	d office or regis	stered agent, or be	oth, in the State	of Florid	da. I am fa	amiliar with	, and accept	1
the obligat	tions of regist	ered agent.											
		ja J											
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if app	olicable. (NOTI	E: Registered	Agent Signature regu	uired when reinstating)			DATE			
- 23 - 25 - 25 - 25													\dashv
. "		! FEE IS \$150.00	_				9. E	lection Campai	an Finan	ncina	\$5 (00 May Be	1
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		3 Fee will be \$550.00) Ti	rust Fund Contr	ibution.		Adde	d to Fees	-
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12. I hereby certify that the information supplied with this filing does not dealify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 jeport 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.

CITY-ST-ZIP

CITY-ST-ZIP