

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000087510 (8)

1. Corporation Name

CARDIOGUARD MANAGEMENT, INC.



Principal Place of Business

Mailing Address

1365 BENNETT DR. STE 109  
LONGWOOD FL 32750

1365 BENNETT DR. STE 109  
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1997

4. FEI Number  
59-3472273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 490 North Street

Suite, Apt. #, etc.

22 Suite 132

City & State

23 Longwood, FL

Zip

24 32750

Country

25 USA

2a. Mailing Address

26 490 North Street

Suite, Apt. #, etc.

27 Suite 132

City & State

28 Longwood, FL

Zip

29 32750

Country

30 USA

9. Name and Address of Current Registered Agent

SUTMIRE, JOHN I  
1365 BENNETT DR, STE 109  
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

Sutmire, John I.

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

490 North Street

83

Suite 132

84 City

Longwood,

FL

85 Zip Code

32750

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D MUELLER, ALBERT J

STREET ADDRESS 367 HICKORY DR

CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ DELETE

NAME D SUTMIRE, JOHN I

STREET ADDRESS 1320 NOBLE ST

CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ DELETE

NAME D KIMBLE, JOHN C

STREET ADDRESS 2836 ALSACE CT

CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

250 Cortland Avenue

Winter Park, FL 32789

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

PSTD ☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

VPD ☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*[Signature]*

4/16/98

(407) 320-8220

CR2E034 (10/97)