


FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90010 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000014894					
1. Corporation Name ABIOMED PROFESSIONAL GROUP, INC.					
Principal Place of Business 619 S.W. 57TH AVE. MIAMI FL 33144			Mailing Address 619 S.W. 57TH AVE. MIAMI FL 33144		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		
3. Date incorporated or Qualified 02/13/1998			4. FEI Number 65-0814731		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$8.75 Additional Fee Required		
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			\$5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent LOPEZ, YVETTE 5769 N.W. 7TH STREET, STE. 221 MIAMI FL 33128			10. Name and Address of New Registered Agent 81 Name FRANCISCO A. DIAZ 82 Street Address (P.O. Box Number is Not Acceptable) 1825 Ponce de Leon Blvd. 83 3305 84 City CORAL GABLES FL 85 33134		
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 607.0504, Florida Statutes.					
SIGNATURE Francisco A. Diaz Registered Agent FRANCISCO A. DIAZ DATE 3/23/99					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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, with all other like empowered.					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)