FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90255 001 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014894

1. Entity Name: Abiomed Research Professional Group

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10115 NW 9 ST Cir	10115 NW 9 ST Cir
Suite, Apt. #, etc.: 106	Suite, Apt. #, etc.: 106
City & State: Miami FL	City & State: Miami Fl
Zip: 33172 Country: Dade	Zip: 33172 Country: Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0814731 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lily Perez

Street Address (P.O. Box Number is Not Acceptable): 10115 NW 9 St Cir Apt 106

City: Miami Fl FL Zip Code: 33172

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] / [signature] 4/25/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President
NAME	LILY PEREZ
STREET ADDRESS	10115 NW 9 ST CIR
CITY-ST-ZIP	Miami FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] LILY PEREZ, President 4/25/03 (305) 551-8325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[signature]