2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000062627

Entity Name: CARDIOVASCULAR PROPERTIES, INC.

FILED May 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business:	New Principal Place of Business

C/O BRUCE JAY TOLAND, P.A. 80 SW 8 STREET, #1920 MIAMI, FL 33130

New Mailing Address:

MIAMI, FL 33130

80 SW 8 STREET, #1920

Current Mailing Address:

C/O BRUCE JAY TOLAND, P.A. 80 SW 8 STREET, #1920 MIAMI, FL 33130 C/O BRUCE JAY TOLAND, P.A. 80 SW 8 STREET, #1920 MIAMI, FL 33130 US

C/O BRUCE JAY TOLAND, P.A.

FEI Number: 65-0867633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TOLAND, BRUCE JAY ESQUIRE C/O BRUCE JAY TOLAND, P.A. 80 SW 8 STREET, SUITE 1920 MIAMI, FL 33130 US BRUCE JAY TOLAND, P.A. 80 SW 8 STREET, SUITE 1920 MIAMI, FL 33130 US

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.

SIGNATURE: BRUCE JAY TOLAND, ESQ.

05/01/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Title: D () Delete

Name: LLORET, RAMON L

Address: C/O 80 SW 8 STREET, SUITE 1920

City-St-Zip: MIAMI, FL 33130

Title: () Change () Addition

Title: D () Delete
Name: FIALKOW, JONATHAN A

Address: C/O 80 SW 8 STREET, SUITE 1920

City-St-Zip: MIAMI, FL 33130

Name: Address: City-St-Zip:

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON L. LLORET D 05/01/2002