

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

**FILED**

**Apr 29 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S75146 (8)**

1. Corporation Name  
**RX CARDIOVASCULAR SPECIALTIES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2140 WEST 68 ST 102 MIAMI FL 33016 US</b>	Mailing Address <b>2140 WEST 68 ST 102 MIAMI FL 33016 US</b>
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3. Date Incorporated or Qualified  
**08/22/1991**

4. FEI Number <b>58-1955228</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3146 CORAL WAY Suite, Apt. #, etc. 22 200 City & State 23 MIAMI, FL Zip 24 33145	2a. Mailing Address 26 3146 CORAL WAY Suite, Apt. #, etc. 27 200 City & State 28 MIAMI, FL Zip 29 33145	30 Country
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9. Name and Address of Current Registered Agent

**LEWIS, HAROLD L.  
133 SEVILLA  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name <del>MITCHELL W. MANDLER, ESQ.</del> <b>MITCHELL W. MANDLER, ESQ.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>MITCHELL W. MANDLER, ESQ.</b>
83 <b>One International Place Suite 2800</b>
84 City <b>Miami</b> FL 85 Zip Code <b>33131-2144</b>

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 *Mitchell W. Mandler, Esq.* x *Mitchell W. Mandler* 3-19-98  
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	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>XIQUES, JORGE L.</b>
STREET ADDRESS	<b>8590 NW 3RD LANE #8</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3146 CORAL WAY STB 200</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33145</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>100002505881</b>
6.3 STREET ADDRESS	<b>-04/30/98--01004--008</b>
6.4 CITY-ST-ZIP	<b>***150.00</b>

*4/29*

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.

CR2E034 (10/97)