

1.) CORPORATION NAME: <b>Child Cardiology Associates, Inc.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX RD STE 301          GLEN ALLEN, VA</b>	DUE DATE: <b>7/31/2013</b>  SCC ID NO: <b>04696126</b>  5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 1301 CONCORD TERR  CITY/ST/ZIP: SUNRISE, FL 33323
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: VIVIAN LOPEZ-BLANCO TITLE: PRESIDENT ADDRESS: 1301 CONCORD TERRACE CITY/ST/ZIP/CO: SUNRISE, FL 33323	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DOMINIC ANDREANO TITLE: SECRETARY ADDRESS: 1301 CONCORD TERRACE CITY/ST/ZIP/CO: SUNRISE, FL 33323	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ VIVIAN LOPEZ-BLANCO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VIVIAN LOPEZ-BLANCO, PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/22/2013 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.