

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005301 (7)

1. Corporation Name

CARDIO SYSTEMS NORTH AMERICA DEALER CORPORATION,
INC.

Principal Place of Business

1201 INTERSTATE 35N
CARROLLTON TX 75006

Mailing Address

1201 INTERSTATE 35N
CARROLLTON TX 75006

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		11/19/1993		02/01/1994	
22 State Apt # etc		27 State Apt # etc		4. FEI Number		Applied For	
23 City & State		28 City & State		75-2441095		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of Now Registered Agent		8. This corporation has liability for intangible tax under S 199.032 Florida Statutes		☐ Yes ☒ No	

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City	84 State	85 Zip Code

11. Pursuant to the provisions of Sections 607, 608, and 609, 1985, 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 Sections 607 through 609, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Typed Name of Registered Agent)

Signature of Now Registered Agent (Typed Name of Now Registered Agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD CARBONA, JOHN	NAME	CFO FRANKLIN H. STOVER
STREET ADDRESS	1201 INTERSTATE 35N	STREET ADDRESS	1201 N. INTERSTATE 35
CITY, STATE, ZIP	CARROLLTON TX 75006	CITY, STATE, ZIP	CARROLLTON, TX 75006
NAME	STD HASTY, LAURIE	NAME	
STREET ADDRESS	1201 INTERSTATE 35N	STREET ADDRESS	
CITY, STATE, ZIP	CARROLLTON TX 75006	CITY, STATE, ZIP	
NAME	D HASTY, BYRON	NAME	
STREET ADDRESS	1201 INTERSTATE 35N	STREET ADDRESS	
CITY, STATE, ZIP	CARROLLTON TX 75006	CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.031 through 199.034, Florida Statutes. I further certify that the information included 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. I am familiar with and accept the obligations of Sections 607 through 609, Florida Statutes, and that my name appears in Block 12 or 13 of this report or on a supplemental report as required by Chapter 607, Florida Statutes, and that my name is the name of the corporation or its authorized representative.

SIGNATURE: *Franklin H. Stover* FRANKLIN H. STOVER 4/26/95 (214) 242-2164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR