

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

FILED
May 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F93000005301 (7)

1. Corporation Name
CARDIO SYSTEMS NORTH AMERICA DEALER CORPORATION, INC.



Principal Place of Business **Mailing Address**
1201 INTERSTATE 35N **1201 INTERSTATE 35N**
CARROLLTON TX 75006 **CARROLLTON TX 75006**

3. Date Incorporated or Qualified **3a. Date of Last Report**
11/19/1993 **06/26/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		75-2441095	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28	29	30		
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NRAI SERVICES, INC.				81 Name			
526 EAST PARK AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301				83			
				84 City			
				FL 85 Zip Code			

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	PD CARBONA, JOHN 1201 INTERSTATE 35N CARROLLTON TX 75006	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	STD HASTY, LAURIE 1201 INTERSTATE 35N CARROLLTON TX 75006	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S/DIV
<input type="checkbox"/> DELETE	CFO STOVER, FRANKLIN H 1201 N. INTERSTATE 35 CARROLLTON TX	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	CFOIT
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V/D Byron Hasty 1201 N. Interstate 35 Carrollton, Tx 75006
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do 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.

SIGNATURE: *[Signature]* **REQUIRED** *Raivie Hasty* **5/22/97** **(972) 242-2164**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)