

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L51044 (0)**  
1. Corporation Name  
**PULSE MEDICAL, INC.**



Principal Place of Business: **4131 SW 47TH AVE SUITE 1404 DAVIE FL 33314 US**  
Mailing Address: **4131 SW 47TH AVE SUITE 1404 DAVIE FL 33314 US**

2. Principal Place of Business  
21 Suite, Apt #, etc  
22 City & State  
23 Zip Country  
24  
25  
2a. Mailing Address  
26 Suite, Apt #, etc  
27 City & State  
28 Zip Country  
29  
30

3. Date Incorporated or Qualified: **02/19/1990**  
3a. Date of Last Report: **04/13/1995**  
4. FEI Number: **65-0175251**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 19J.032 Florida Statutes:  Yes  No

g. Name and Address of Current Registered Agent  
**HACKER, BRENDA  
1500 NW 49TH ST  
SUITE 500  
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent  
81 Name: **GORDON BOYCE**  
82 Street Address (P.O. Box Number is Not Acceptable): **4131 SW 47th Ave #1404 (work address)**  
83 Suite # 1404  
84 City: **DAVIE** FL 85 Zip Code: **33314**

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: **Gordon Boyce** X **6/24/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BOYCE, BARBARA</b>	
STREET ADDRESS	<b>9152 B SW 23 ST</b>	
CITY - ST - ZIP	<b>FT LAUDERDALE 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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>BOYCE, GORDON</b>	
13 STREET ADDRESS	<b>10505 NW 5th Ct</b>	
14 CITY - ST - ZIP	<b>PLANTATION FL 33324</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>BOYCE BARBARA</b>	
33 STREET ADDRESS	<b>10505 NW 5th Ct</b>	
34 CITY - ST - ZIP	<b>PLANTATION FL 33324</b>	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Barbara Boyce** **Barbara Boyce** **6/24/96** **954 587-8867**

CR2E034 (3/96)