

**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. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 26 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # P40636 (3)**

1. Corporation Name  
**CARDIO SYSTEMS - MIAMI, INC.**



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

3. Date Incorporated or Qualified: **09/24/1992**  
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **75-2441164**  
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. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.  
528 E. PARK AVENUE  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Type or print name of registered agent and title, if applicable) (If OFF. Registered Agent signature required, where applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HASTY, LAURIE</b>	1.2 NAME	
STREET ADDRESS	<b>1201 N. INTERSTATE 35</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARROLLTON TX</b>	1.4 CITY-ST-ZIP	
TITLE	<b>CD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARBONA, JOHN</b>	2.2 NAME	
STREET ADDRESS	<b>1201 N. INTERSTATE 35</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARROLLTON TX</b>	2.4 CITY-ST-ZIP	
TITLE	<b>CFO</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOVER, FRANKLIN H</b>	3.2 NAME	
STREET ADDRESS	<b>1201 N. INTERSTATE 35</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARROLLTON TX</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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. I am a registered 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 changed with an address.

**SIGNATURE:**

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Laurie Hasty 6-19-96 (214) 242-2164**  
(Date) (Type or Print #)

CR2E034 (3/96)