

**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

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

**DOCUMENT # P40637 (1)**  
1. Corporation Name  
**CARDIO SYSTEMS - FT. MYERS, INC.**



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
1201 N. INTERSTATE 35 CARROLLTON TX 75006 US		1201 N. INTERSTATE 35 CARROLLTON TX 75006 US		09/24/1992	05/01/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	75-2441165	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22	27	<input type="checkbox"/>	5.00 May Be Added to Fees		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
23	28	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Zip	Country	24	25	29	30

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

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 \_\_\_\_\_ (Typed or printed name of registered agent and true signature) \_\_\_\_\_ (Typed or printed name of registered agent and true signature) \_\_\_\_\_ (Typed or printed name of registered agent and true signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PST CARBONA, JOHN	2. NAME	
STREET ADDRESS	1201 N. INTERSTATE 35	3. STREET ADDRESS	
CITY-ST-ZIP	CARROLLTON TX	4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CD CARBONA, JOHN	3. NAME	
STREET ADDRESS	1201 N. INTERSTATE 35	4. STREET ADDRESS	
CITY-ST-ZIP	CARROLLTON TX	5. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CFO STOVER, FRANKLIN H	4. NAME	
STREET ADDRESS	1201 N. INTERSTATE 35	5. STREET ADDRESS	
CITY-ST-ZIP	CARROLLTON TX	6. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-ST-ZIP		7. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-ST-ZIP		8. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	
STREET ADDRESS		8. STREET ADDRESS	
CITY-ST-ZIP		9. 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, for each attachment with an address.

SIGNATURE: *[Signature]* Laurie Hasty 6-19-96 (214)242-2164  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)