

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 # P40637 (1)

1. Corporation Name
CARDIO SYSTEMS - FT. MYERS, INC.

Principal Place of Business

1201 N. INTERSTATE 35
CARROLLTON TX 75006
US

Mailing Address

1201 N. INTERSTATE 35
CARROLLTON TX 75006-3806
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/24/1992

3a. Date of Last Report

06/26/1996

4. FEI Number

75-2441165

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. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 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

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

TITLE	PST	<input type="checkbox"/> DELETE
NAME	CARBONA, JOHN	
STREET ADDRESS	1201 N. INTERSTATE 35	
CITY - ST - ZIP	CARROLLTON TX	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	CARBONA, JOHN	
STREET ADDRESS	1201 N. INTERSTATE 35	
CITY - ST - ZIP	CARROLLTON TX	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	STOVER, FRANKLIN H	
STREET ADDRESS	1201 N. INTERSTATE 35	
CITY - ST - ZIP	CARROLLTON TX	
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

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	CFO/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	S/D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Laurie Hasty	
4.3 STREET ADDRESS	1201 N. Interstate 35	
4.4 CITY - ST - ZIP	Carrollton, TX 75006	
5.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Byron Hasty	
5.3 STREET ADDRESS	1201 N. Interstate 35	
5.4 CITY - ST - ZIP	Carrollton, TX 75006	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurie Hasty 5/22/97

(972) 242-2164

CR2E034 (9/96)