

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000007382**

1. Entity Name

**CARDIOSTART INTERNATIONAL, INCORPORATED****FILED****Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90033 028 \*\*\*\*70.00

Principal Place of Business

**512 WHITE OAK AVE  
BRANDON FL 33510**

Mailing Address

**512 WHITE OAK AVENUE  
BRANDON FL 33510  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3679703**  
**-43-1791079-**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MULHERN, CHARLES H.A.  
512 WHITE OAK AVE  
BRANDON FL 33510**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDC  
MARATH, AUBYN  
1722 CARDINAL DRIVE  
CLEARWATER FL 33759** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
COLLINS, VIRGINIA  
4008 SAN NICHOLAS  
TAMPA FL 33629** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
Linda Kitko  
1005 Bell Shoals Lane  
Brandon, FL 33511** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MULHERN, CHARLES  
512 WHITE OAK AVENUE  
BRANDON FL 33510** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/20/2002 813-215-0071**

CR2E037 (9/01)