

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000007382

**Entity Name:** CARDIOSTART USA, INCORPORATED**Current Principal Place of Business:**6110 HARTFORD ST  
TAMPA, FL 33619**Current Mailing Address:**6110 HARTFORD ST  
TAMPA, FL 33619**FEI Number:** 59-3679703**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HILTON, THOMAS DR.  
1361 13TH AVE. S.  
270  
JACKSONVILLE,, FL 32250 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP
Name	HENSON, JANINE RN
Address	26912 MEADOW RIDGE DRIVE
City-State-Zip:	ELKO MN 55020

Title	TRU
Name	DAVIS, ZEV MD
Address	1555 N. ASTOR ST., UNIT 6 NE
City-State-Zip:	CHICAGO IL 60610

Title	TRU
Name	FRANKLIN, REED
Address	3800 EAST FOXWOOD LN.
City-State-Zip:	IVERNESS FL 34452

Title	PRES
Name	MARATH, AUBYN MD
Address	6110 HARTFORD ST
City-State-Zip:	TAMPA FL 33619

Title	TRU
Name	HILTON, THOMAS MD
Address	1361 13TH AVE. S, SUITE 270
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	TRU
Name	WENDSCHUH, PHIL MD
Address	33622 ST. SHARBEL CT.
City-State-Zip:	AVON OH 44011

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** THOMAS HILTON MD

CHAIRMAN

04/17/2013

Electronic Signature of Signing Officer/Director Detail

Date