

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90073 014 \*\*\*158.75

**DOCUMENT # 850103**

1. Entity Name  
**CARDIAC CONTROL SYSTEMS, INC.**

Principal Place of Business <b>3 COMMERCE BLVD          PALM COAST FL 32164-3100</b>	Mailing Address <b>3 COMMERCE BLVD          PALM COAST FL 32135-3339          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 353339</b>
City & State <b>PALM COAST FL</b>	4. FEI Number <b>74-2119162</b>
Zip <b>32135-3339</b>	Country <b>U.S.A.</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**RABIN, ALAN  
 19 CHOCTAW DR.  
 ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent  
 Name **W. ALAN WALTON**  
 Street Address (P.O. Box Number is Not Acceptable) **16 COLLEGE COURT**  
 City **PALM COAST FL** Zip Code **32137-9034**

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 *W. A. Walton*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RABIN, ALAN 3 COMMERCE BLVD PALM COAST FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHARTON, WILLIAM A 3 COMMERCE BLVD PALM COAST FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GUTEKUNST, BART 10 TIMOTHY ROAD WESTON CT <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEE, JONATHAN S 3 COMMERCE BLVD PALM COAST FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMAHON, TERRY 3 COMMERCE BLVD PALM COAST FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAIMOVITCH, LARRY 353 SACRAMENTO STREET, 16TH FLOOR SAN FRANCISCO CA <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>(SUPERSEDED)</del> CHIEF OPERATING OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>W. ALAN WALTON</b> <b>16 COLLEGE COURT</b> <b>PALM COAST FL 32137-9034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. A. Walton* **W. ALAN WALTON** Date: **2/23/2000** Daytime Phone #: **904-445-5276**

CR2E034 (9/99)