

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000001792**

1. Entity Name  
MIRACOR DIAGNOSTICS, INC.



Principal Place of Business  
5200 DAVISSON AVENUE, SUITE B  
ORLANDO, FL 32810

Mailing Address  
9191 TOWNE CENTER DRIVE, SUITE 400  
SAN DIEGO, CA 92122



**DO NOT WRITE IN THIS SPACE**

02012005 No Chg-P CR2E034 (10/03)

4. FEI Number  
58-1475517

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

VEGA, MARITZA  
5200 DAVISSON AVENUE, SUITE B  
ORLANDO, FL 32810

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re/instating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CDCE  
HULSEBUS, M. LEE  
9191 TOWN CENTRE DRIVE, SUITE 400  
SAN DIEGO, CA 92122

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SCFO  
SEIBERT, ROSS S  
9191 TOWN CENTRE DRIVE, SUITE 400  
SAN DIEGO, CA 92122

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ARNWINE, DON L  
9191 TOWN CENTRE DRIVE, SUITE 400  
SAN DIEGO, CA 92122

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
MUEHLBERG, ROBERT S  
9191 TOWN CENTRE DRIVE, SUITE 400  
SAN DIEGO, CA 92122

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

02/18/05-80008-001 317.50

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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

Ross S. Seibert

2/11/2005

Date

858-455-7127x14

Daytime Phone #