

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90051 009 ***150.00

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1. Entity Name
HYPERTENSION DIAGNOSTICS, INC.



Principal Place of Business
2915 WATERS RD, STE 108
EAGAN, MN 55121

Mailing Address
2915 WATERS RD, STE 108
EAGAN, MN 55121

94033542



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

41-1618036

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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. 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete
NAME BRIMMER, KENNETH W
STREET ADDRESS 2915 WATERS RD, STE 108
CITY-ST-ZIP EAGAN, MN

TITLE PD ☐ Delete
NAME GUETTLER, GREG H
STREET ADDRESS 2915 WATERS RD, STE 108
CITY-ST-ZIP EAGAN, MN

TITLE VSD ☒ Delete
NAME CHESNEY, CHARLES F
STREET ADDRESS 2915 WATERS RD, STE 108
CITY-ST-ZIP EAGAN, MN

TITLE V ☐ Delete
NAME MURPHY, JAMES S
STREET ADDRESS 2915 WATERS RD, STE 108
CITY-ST-ZIP EAGAN, MN

TITLE V ☒ Delete
NAME MALONEY, E. PAUL
STREET ADDRESS 2915 WATERS RD, STE 108
CITY-ST-ZIP EAGAN, MN

TITLE D ☐ Delete
NAME COHN, JAY N
STREET ADDRESS 2915 WATERS RD, STE 108
CITY-ST-ZIP EAGAN, MN

TITLE D ☒ Change ☐ Addition
NAME BRIMMER, KENNETH W
STREET ADDRESS 2915 WATERS RD, STE 108
CITY-ST-ZIP EAGAN, MN

TITLE PSD ☒ Change ☐ Addition
NAME GUETTLER, GREG H
STREET ADDRESS 2915 WATERS RD, STE 108
CITY-ST-ZIP EAGAN, MN

TITLE C ☐ Change ☒ Addition
NAME SCHWARTZ, MARK N
STREET ADDRESS 2915 WATERS RD, STE 108
CITY-ST-ZIP EAGAN, MN

TITLE D ☐ Change ☒ Addition
NAME LEITNER, LARRY
STREET ADDRESS 2915 WATERS RD, STE 108
CITY-ST-ZIP EAGAN, MN

TITLE D ☐ Change ☒ Addition
NAME STERN, ALAN
STREET ADDRESS 2915 WATERS RD, STE 108
CITY-ST-ZIP EAGAN, MN

TITLE D ☐ Change ☒ Addition
NAME GERBER, STEVEN
STREET ADDRESS 2915 WATERS RD, STE 108
CITY-ST-ZIP EAGAN, MN

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 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: James S. Murphy JAMES S. MURPHY 3/18/04 (651) 687-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #