

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002601

FILED  
Jun 08, 2006  
Secretary of State

Entity Name: HYPERTENSION DIAGNOSTICS, INC.

## Current Principal Place of Business:

2915 WATERS RD, STE 108  
EAGAN, MN 55121

## New Principal Place of Business:

## Current Mailing Address:

2915 WATERS RD, STE 108  
EAGAN, MN 55121

## New Mailing Address:

FEI Number: 41-1618036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BRIMMER, KENNETH W  
Address: 2915 WATERS RD, STE 108  
City-St-Zip: EAGAN, MN

Title: PSD ( ) Delete  
Name: GUETTLER, GREG H  
Address: 2915 WATERS RD, STE 108  
City-St-Zip: EAGAN, MN

Title: C ( ) Delete  
Name: SCHWARTZ, MARK N  
Address: 2915 WATERS RD, STE 108  
City-St-Zip: EAGAN, MN

Title: D ( ) Delete  
Name: LEITNER, LARRY  
Address: 2915 WATERS RD, STE 108  
City-St-Zip: EAGAN, MN

Title: D ( ) Delete  
Name: STERN, ALAN  
Address: 2915 WATER RD., STE. 108  
City-St-Zip: EAGAN, MN

Title: D ( ) Delete  
Name: COHN, JAY N  
Address: 2915 WATERS RD, STE 108  
City-St-Zip: EAGAN, MN

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES S. MURPHY

CFO

06/08/2006

Electronic Signature of Signing Officer or Director

Date