


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90011 002 \*\*\*158.75

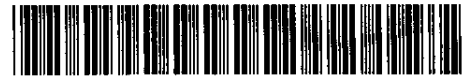
**DOCUMENT # F01000003839**  
 1. Entity Name  
**CHROMAVISION MEDICAL SYSTEMS, INC.**



Principal Place of Business  
**33171 PASEO CERVEZA  
 SAN JUAN CAPISTRANO CA 92675**

Mailing Address  
**33171 PASEO CERVEZA  
 SAN JUAN CAPISTRANO CA 92675**

**54026249**



MOORE CR2E034 (11/03)

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **75-2649072** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.  
 526 EAST PARK AVENUE  
 TALLHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 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:

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VM	<input checked="" type="checkbox"/> Delete
NAME	WEISENTHAL, DAVID	
STREET ADDRESS	33171 PASEO CERVEZA	
CITY-ST-ZIP	SAN JUAN CAPISTRANO CA 92675	
TITLE	PCOO	<input checked="" type="checkbox"/> Delete
NAME	APFELBACH, CARL	
STREET ADDRESS	33171 PASEO CERVEZA	
CITY-ST-ZIP	SAN JUAN CAPISTRANO CA 92675	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUENO, JOSE D PHD	
STREET ADDRESS	33171 PASEO CERVEZA	
CITY-ST-ZIP	SAN JUAN CAPISTRANO CA 92675	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAUER, KENNETH D PHD	
STREET ADDRESS	33171 PASEO CERVEZA	
CITY-ST-ZIP	SAN JUAN CAPISTRANO CA 92675	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, MIKE	
STREET ADDRESS	33171 PASEO CERVEZA	
CITY-ST-ZIP	SAN JUAN CAPISTRANO CA 92675	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	DIXON, STEVE	
STREET ADDRESS	33171 PASEO CERVEZA	
CITY-ST-ZIP	SAN JUAN CAPISTRANO CA 92675	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL F. COLA	
STREET ADDRESS	800 THE SAFEGUARD BUILDING 435 DEVON PARK DR.	
CITY-ST-ZIP	WAYNE, PA 19087-1945	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN K. GARZA	
STREET ADDRESS	33171 PASEO CERVEZA	
CITY-ST-ZIP	SAN JUAN CAPISTRANO, CA 92675	
TITLE	V/COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEATHER CERRAN	
STREET ADDRESS	33171 PASEO CERVEZA	
CITY-ST-ZIP	SAN JUAN CAPISTRANO, CA 92675	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_ Date: **4/1/04** Daytime Phone #: **949-443-3757**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

54026249

#F81000003839

**ChromaVision Medical Systems – Officers**  
33171 Paseo Cerveza  
San Juan Capistrano, CA 92675  
March 1, 2004

Michael F. Cola  
Chairman, Chief Executive Officer

Stephen T.D. Dixon  
Executive VP, Chief Financial Officer  
Corporate Secretary

Kenneth D. Bauer, Ph.D.  
VP, Chief Science Officer

Jose de la Torre-Bueno, Ph.D.  
VP, Chief Technology Officer

Karen K. Garza  
VP, Marketing and Business Development

Heather Creran  
Executive VP, Chief Operating Officer – Laboratory Services