


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90041 019 \*\*\*150.00

<b>DOCUMENT # F03000006382</b>		
1. Entity Name <b>ARGON MEDICAL DEVICES, INC.</b>		

Principal Place of Business <b>1445 FLAT CREEK ROAD ATHENS, TX 75751</b>	Mailing Address <b>272 EAST DEERPATH RD. #350 LAKE FOREST, FL 60045</b>
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0281046</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	
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**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	D DAMICO, JOE 272 EAST DEERPATH RD #350 LAKE FOREST, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SISTERMAN, ROGER 272 EAST DEERPATH RD #350 LAKE FOREST, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MOONEY, PAUL 272 EAST DEERPATH RD #350 LAKE FOREST, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCNALLY, SHARON 272 EAST DEERPATH RD #350 LAKE FOREST, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Len Kuhr 272 East Deerpath Road #350 Lake Forest, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jack McGinley 272 East Deerpath Road #350 Lake Forest, IL 60045

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IN THIS SPACE**

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:** *Sharon McNally* **SHARON MCNALLY** **1-5-05 847-739-3256**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #