


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000000630	
1. Entity Name COOK MEDICAL INCORPORATED	

Principal Place of Business 1025 WEST ACUFF ROAD BLOOMINGTON, IN 47403	Mailing Address P.O. BOX 1608 BLOOMINGTON, IN 47402
--	---



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0323047	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

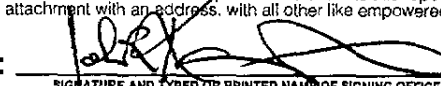
**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 01/11/06-80037-022 150.00 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAWKINS, M. KEM 750 NORTH DANIELS WAY BLOOMINGTON, IN 47404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO REED, DAVID J 750 NORTH DANIELS WAY BLOOMINGTON, IN 47404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD KAMSTRA, JOHN R 750 NORTH DANIELS WAY BLOOMINGTON, IN 47404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANTA, ROBERT L 750 NORTH DANIELS WAY BLOOMINGTON, IN 47404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EELLS, SCOTT E 750 NORTH DANIELS WAY BLOOMINGTON, IN 47404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANZ, CHARLES W 1100 WEST MORGAN ST SPENCER, IN 47460

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1/2/06 Daytime Phone # (812) 331-1025