

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005969

FILED
Feb 14, 2006
Secretary of State

Entity Name: CARDIONET, INC.

Current Principal Place of Business:

1010 SECOND AVE, 7TH FLR
SAN DIEGO, CA 92101

New Principal Place of Business:

1010 SECOND AVE
SUITE 700
SAN DIEGO, CA 92101

Current Mailing Address:

1010 SECOND AVE, 7TH FLR
SAN DIEGO, CA 92101

New Mailing Address:

1010 SECOND AVE
SUITE 700
SAN DIEGO, CA 92101

FEI Number: 33-0604557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CCEO () Delete
Name: SWEENEY, JAMES M
Address: 1010 SECOND AVE, 7TH FLOOR
City-St-Zip: SAN DIEGO, CA 92101

Title: S () Delete
Name: ROBERTS, DOREEN M
Address: 1010 SECOND AVE, 7TH FLR
City-St-Zip: SAN DIEGO, CA 92101

Title: D () Delete
Name: COOL, JONATHAN M
Address: 105 ROWAYTON AVENUE
City-St-Zip: ROWAYTON, CT 06853

Title: D () Delete
Name: MILLS, TIMOTHY C PHD
Address: 400 S. EL CAMINO REAL, #1200
City-St-Zip: SAN MATEO, CA 94402

Title: D () Delete
Name: LEWIN, LAWRENCE S
Address: 1350 CONNECTICUT AVENUE NW, #900
City-St-Zip: WASHINGTON, DC 20036

Title: D () Delete
Name: PRYSTOWSKY, ERIC N MD
Address: 8333 NAAB ROAD, #400
City-St-Zip: INDIANAPOLIS, IN 46260

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CCEO (X) Change () Addition
Name: SWEENEY, JAMES M
Address: 1010 SECOND AVE, SUITE 700
City-St-Zip: SAN DIEGO, CA 92101

Title: S (X) Change () Addition
Name: ROBERTS, DOREEN M
Address: 1010 SECOND AVE, SUITE 700
City-St-Zip: SAN DIEGO, CA 92101

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: DOREEN ROBERTS

SEC

02/14/2006

Electronic Signature of Signing Officer or Director

_____ Date