

Jan 15 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F88691 (3)

1. Corporation Name:  
CARDIAC SYSTEMS OF FLORIDA, INC.

## Principal Place of Business

6650 SOUTHPOINT PKWY  
106  
JACKSONVILLE FL 32216  
US

## Mailing Address

6650 SOUTHPOINT PKWY  
106  
JACKSONVILLE FL 32216-0831  
US

## 3. Date Incorporated or Qualified

06/24/1982

## 3a. Date of Last Report

01/29/1996

## 2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

24

Country

25

## 2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

29

Country

30

## 4. FEI Number

59-2198079

## Applied For

Not Applicable

## 5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes☐ No

## 9. Name and Address of Current Registered Agent

PETERSON, MICHAEL  
6650 SOUTHPOINT PKWY STE 106  
JACKSONVILLE FL 32216

## 10. Name and Address of New Registered Agent

## 81. Name

## 82. Street Address (P.O. Box Number is Not Acceptable)

## 83.

## 84. City

FL

## 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

## SIGNATURE

(Sign only type and printed name of registered agent, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETENAME PETERSON, MICHAEL G  
STREET ADDRESS 6650 SOUTHPOINT PKWY SUITE 106  
CITY-ST-ZIP JACKSONVILLE FLTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Michael G. Peterson  
MICHAEL G. PETERSON

1-7-97

904 296-6422

Date

Daytime Phone #

0034844

CR2E034 (9/96)