



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90128 007 \*\*\*150.00

<b>DOCUMENT # F88691</b> 1. Entity Name <b>CARDIAC SYSTEMS OF FLORIDA, INC.</b>					
Principal Place of Business <b>6650 SOUTHPOINT PKWY</b> <b>106</b> <b>JACKSONVILLE, FL 32216 US</b>			Mailing Address <b>6650 SOUTHPOINT PKWY</b> <b>106</b> <b>JACKSONVILLE, FL 32216 US</b>		
2. Principal Place of Business <b>6675 Corporate Center Pkwy.</b> Suite, Apt. #, etc. <b>106</b> City & State <b>Jacksonville, FL</b> Zip <b>32216</b> Country <b>USA</b>		3. Mailing Address <b>6675 Corporate Center Pkwy.</b> Suite, Apt. #, etc. <b>106</b> City & State <b>Jacksonville, FL</b> Zip <b>32216</b> Country <b>USA</b>		<b>50034367</b>  03312005 Chg-P CR2E034 (10/03)	
4. FEI Number <b>59-2198079</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>PETERSON, MICHAEL</b> <b>6650 SOUTHPOINT PKWY STE106</b> <b>JACKSONVILLE, FL 32216</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  <b>6675 Corporate Center Pkwy. #106</b> City <b>Jacksonville</b> State <b>FL</b> Zip Code <b>32216</b>		
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 (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PETERSON, MICHAEL G 6650 SOUTHPOINT PKWY SUITE 106 JACKSONVILLE, FL	<input type="checkbox"/> Delete			
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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: <u>Michael G. Peterson</u> <u>MICHAEL G. PETERSON</u> <u>4/4/05</u> <u>(904) 296-6422</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					