



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F88691</b> 1. Entity Name CARDIAC SYSTEMS OF FLORIDA, INC.			
Principal Place of Business 6675 CORPORATE CENTER PKWY 106 JACKSONVILLE, FL 32216 US		Mailing Address 6675 CORPORATE CENTER PKWY 106 JACKSONVILLE, FL 32216 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 03142006 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-2198079		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  PETERSON, MICHAEL 6675 CORPORATE CENTER PKWY # 106 JACKSONVILLE, FL 32216		<b>DO NOT WRITE IN THIS SPACE</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 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		000000477139 04/06/06-80040-011 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	PST		
NAME	PETERSON, MICHAEL G		
STREET ADDRESS	6675 CORPORATE CENTER PKWY, # 106		
CITY- ST- ZIP	JACKSONVILLE, FL 32216		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
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CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
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: <u>Michael G. Peterson</u>		3/20/06 (904)296-6422	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
MICHAEL G. PETERSON			