

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000366 (3)

1. Corporation Name
VENTRITEX, INC.



Principal Place of Business: **701 EAST EVELYN AVENUE SUNNYVALE CA 94086**
Mailing Address: **701 EAST EVELYN AVENUE SUNNYVALE CA 94086**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified 01/23/1995	3a. Date of Last Report
4. FEI Number 77-0056340	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0102 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, FRANK M	12 NAME	
STREET ADDRESS	701 EAST EVELYN AVENUE	13 STREET ADDRESS	
CITY- ST- ZIP	SUNNYVALE CA 94086	14 CITY- ST- ZIP	
TITLE	CFOS <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, ERIC J	22 NAME	
STREET ADDRESS	701 EAST EVELYN AVENUE	23 STREET ADDRESS	
CITY- ST- ZIP	SUNNYVALE CA 94086	24 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARKIN, KEVIN	32 NAME	
STREET ADDRESS	701 EAST EVELYN AVENUE	33 STREET ADDRESS	
CITY- ST- ZIP	SUNNYVALE CA 94086	34 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEENEY, MICHAEL	42 NAME	
STREET ADDRESS	701 EAST EVELYN AVENUE	43 STREET ADDRESS	
CITY- ST- ZIP	SUNNYVALE CA 94086	44 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLESS, BENJAMIN	52 NAME	
STREET ADDRESS	701 EAST EVELYN AVENUE	53 STREET ADDRESS	
CITY- ST- ZIP	SUNNYVALE CA 94086	54 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELTZER, MARK	62 NAME	
STREET ADDRESS	701 EAST EVELYN AVENUE	63 STREET ADDRESS	
CITY- ST- ZIP	SUNNYVALE CA 94086	64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered agent 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, upon an attachment to this address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

515196 (408) 738-4883
Date: _____ District: _____

CR2E034 (12/95)