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FILED  
Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000006287 (5)

1. Corporation Name:  
AUGUSTINE MEDICAL, INC.



Principal Place of Business  
10393 WEST 70TH STREET  
EDEN PRAIRIE MN 55344

Mailing Address  
10393 WEST 70TH STREET  
EDEN PRAIRIE MN 55344-3446

3. Date Incorporated or Qualified 12/26/1995	3a. Date of Last Report 11/08/1996
4. FEI Number 41-1599480	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

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 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGUSTINE, SCOTT D	1.2 NAME	
STREET ADDRESS	9017 CAVELL CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMINGTON MN	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JOHN E	2.2 NAME	
STREET ADDRESS	9240 OVERLOOK TRAIL	2.3 STREET ADDRESS	
CITY - ST - ZIP	EDEN PRAIRIE MN	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, TIMOTHY	3.2 NAME	
STREET ADDRESS	1810 WEST FARM ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	LONG LAKE MN	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCKLIN, WILLIAM C	4.2 NAME	
STREET ADDRESS	4108 POPLAR BRIDGE ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMINGTON MN	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, ORWIN	5.2 NAME	
STREET ADDRESS	1029 THIRD AVENUE SOUTH	5.3 STREET ADDRESS	
CITY - ST - ZIP	STILLWATER MN	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, JOHN	6.2 NAME	
STREET ADDRESS	3800 PARK NICOLLET BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	ST LOUIS PARK MN	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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)

# AUGUSTINE MEDICAL, INC.

## BOARD OF DIRECTORS

## CORPORATE OFFICERS

Scott D. Augustine, M.D.

CEO and Chairman of the Board  
Augustine Medical, Inc  
10393 W 70th Street  
Eden Prairie, MN 55344

Scott D. Augustine, M.D.

CEO and Chairman of the Board  
9017 Cavell Circle  
Bloomington, MN 55438  
SS 474-68-4353

John E. Thomas

President and COO  
Augustine Medical, Inc  
10393 W 70th Street  
Eden Prairie, MN 55344

John E. Thomas

President and COO  
9240 Overlook Trail  
Eden Prairie, MN 55347  
SS 504-52-5399

Orwin L. Carter

Retired  
1029 3rd Ave S  
Stillwater, MN 55082

Timothy Adams

CFO and Secretary  
1810 West Farm Road  
Long Lake, MN 55356  
SS 468-44-2200

John Herman

Vice President  
Health System Minnesota  
3800 Park Nicollet Blvd  
St. Louis Park, MN 55416

William C. Cocklin

Treasurer  
4108 Poplar Bridge Road  
Bloomington, MN 55437  
SS 484-54-7223

Jerry J. Johnson

Retired  
11413 River Hills Dr  
Burnsville, MN 55337

Douglas Hall

Chief Sales Officer  
8905 Hidden Oaks Drive  
Eden Prairie, MN 55344  
SS 266-92-6189

Arthur R. Kydd

President  
St. Croix Management Group, Ltd.  
4832 Park Glen Road  
St. Louis Park, MN 55416

John E. Underwood

President  
Proteus International Technology Corporation  
800 Lake Street  
Ramsey, NJ 07446

All officers reside in Hennepin County, and can be  
reached during the day at (612) 941-8866.