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Mar 21 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 # **F96000005895 (5)**

1. Corporation Name
MEDAMICUS, INC.

Principal Place of Business	Mailing Address
15301 HWY 55 W. PLYMOUTH MN 55447	15301 HWY 55 W. PLYMOUTH MN 55447-1418

3. Date Incorporated or Qualified: 11/13/1996
3a. Date of Last Report: N/A

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: 41-1533300 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	Board of Director	☐ Change ☒ Addition
NAME	LITTLE, RICHARD		1.2 NAME	Ted Schwarzrock	
STREET ADDRESS	1890 SHADYWOOD RD		1.3 STREET ADDRESS	5212 56th Street	
CITY-ST-ZIP	WAYZATA MN 55391		1.4 CITY-ST-ZIP	Edina, MN 56000.	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KRAMP, RICHARD		2.2 NAME		
STREET ADDRESS	575 NAVAJO RD W.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MEDINA MN 55340		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SAUTER, RICHARD		3.2 NAME		
STREET ADDRESS	205 KENTUCKY AVE N.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GOLDEN VALLEY MN 55427		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARTMAN, JAMES		4.2 NAME		
STREET ADDRESS	9109 MINNEHAHA CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS PARK MN 55426		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MADISON, DENNIS		5.2 NAME		
STREET ADDRESS	16327 MARBLE ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	ANOKA MN 55303		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	EASTMAN-LAMPSON, JUDY		6.2 NAME		
STREET ADDRESS	15001 TAMMER LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	WAYZATA MN 55391		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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] Mike Eidsmoe Controller 2/24/97 612-559-2613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #