

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 19 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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
**15301 HWY 55 W.
PLYMOUTH MN 55447**

Mailing Address
**15301 HWY 55 W.
PLYMOUTH MN 55447**



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---------------------------------------|-------------------------------|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/13/1996 | |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 41-1533300 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | 29 Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-----------------------------------|---|--|---|
| TITLE | C <input type="checkbox"/> DELETE | 11 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LITTLE, RICHARD | 12 NAME | SCHWARZROCK, TED |
| STREET ADDRESS | 1890 SHADYWOOD RD | 13 STREET ADDRESS | 15301 HIGHWAY 55 WEST |
| CITY-ST-ZIP | WAYZATA MN 55391 | 14 CITY-ST-ZIP | PLYMOUTH, MN 55447 |
| TITLE | D <input type="checkbox"/> DELETE | 21 TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KRAMP, RICHARD | 22 NAME | Kraus, Mark |
| STREET ADDRESS | 575 NAVAJO RD W. | 23 STREET ADDRESS | 13000 34th Ave N |
| CITY-ST-ZIP | MEDINA MN 55340 | 24 CITY-ST-ZIP | Plymouth, MN 55441 |
| TITLE | D <input type="checkbox"/> DELETE | 31 TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SAUTER, RICHARD | 32 NAME | Liebl, David |
| STREET ADDRESS | 205 KENTUCKY AVE N. | 33 STREET ADDRESS | 19517 Harrogate Drive |
| CITY-ST-ZIP | GOLDEN VALLEY MN 55427 | 34 CITY-ST-ZIP | Eden Prairie, MN 55446 |
| TITLE | PD <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARTMAN, JAMES | 42 NAME | |
| STREET ADDRESS | 9109 MINNEHAHA CT | 43 STREET ADDRESS | |
| CITY-ST-ZIP | ST LOUIS PARK MN 55426 | 44 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MADISON, DENNIS | 52 NAME | |
| STREET ADDRESS | 16327 MARBLE ST | 53 STREET ADDRESS | |
| CITY-ST-ZIP | ANOKA MN 55303 | 54 CITY-ST-ZIP | |
| TITLE | V <input checked="" type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EASTMAN-LAMPSON, JUDY | 62 NAME | |
| STREET ADDRESS | 15001 TAMMER LANE | 63 STREET ADDRESS | |
| CITY-ST-ZIP | WAYZATA MN 55391 | 64 CITY-ST-ZIP | |

14. 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 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:

Dennis Madison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/98

612-559-2613

CR2E034 (10/97)