FILE NOW: FILING FEE AF. I MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 MAR 11 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

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

3. Date Incorporated or Qualified
11/13/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # etc — 22
Suite, Apt. # etc — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
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 owes or has paid the current year intangible Personal Property Tax due June 30 ☐ 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

CR2E034 (10/97)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	LITTLE, RICHARD		1.2 NAME	CHRISTINA M. TEMPERANTE
STREET ADDRESS	1890 SHADYWOOD RD		1.3 STREET ADDRESS	15301 HIGHWAY 55 WEST
CITY-ST-ZIP	WAYZATA MN 55391		1.4 CITY-ST-ZIP	PLYMOUTH, MN 55447
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KRAMP, RICHARD		2.2 NAME	600002811196--6
STREET ADDRESS	575 NAVAJO RD W.		2.3 STREET ADDRESS	-03/18/99--01098--005
CITY-ST-ZIP	MEDINA MN 55340		2.4 CITY-ST-ZIP	****150.00 ****150.00
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	PD ☒ Change ☐ Addition
NAME	HARTMAN, JAMES		4.2 NAME	HARTMAN, JAMES
STREET ADDRESS	9109 MINNEHAHA CT		4.3 STREET ADDRESS	4120 IVES LANE N.
CITY-ST-ZIP	ST LOUIS PARK MN 55426		4.4 CITY-ST-ZIP	PLYMOUTH, MN 55441
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	

3/11/99

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: James D. Hartman JAMES D HARTMAN PRES & CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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