

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005895

1. Entity Name  
MEDAMICUS, INC.

FILED

00 OCT -2 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
15301 HWY 55 W.  
PLYMOUTH MN 55447

Mailing Address  
15301 HWY 55 W.  
PLYMOUTH MN 55447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number 41-1533300

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

000003420000-6

10/10/00-0101-020  
\*\*\*\*750.00 \*\*\*\*750.00

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

BRIAN COURTNEY, ASST. V.P.

(NOTE: Registered Agent signature required when reinstating)

9/29/2000  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
LITTLE, RICHARD  
1890 SHADYWOOD RD  
WAYZATA MN 55391 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Little, Richard  
6200 Upland Lane North  
Maple Grove, MN 55311 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KRAMP, RICHARD  
575 NAVAJO RD W.  
MEDINA MN 55340 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
Temperante, Christina M  
5 Kinard Court  
St. Paul, MN 55106 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SAUTER, RICHARD  
205 KENTUCKY AVE N.  
GOLDEN VALLEY MN 55427 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Auth, Thomas  
2266 North Second Street  
N. St. Paul, MN 55109 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
HARTMAN, JAMES  
4120 IVES LANE N.  
PLYMOUTH MN 55441 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Selzer, Michael  
205 Black Oaks Lane North  
Wayzata, MN 55391 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
MADISON, DENNIS  
16327 MARBLE ST  
ANOKA MN 55303 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
Kraus, Mark  
6935 Dylan Lane  
Maple Plain, MN 55359 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
TEMPERANTE, CHRISTINA M  
15301 HIGHWAY 55 WEST  
PLYMOUTH MN 55447 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
KE

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/00  
Date

763-559-2613  
Daytime Phone #

CR2F034 (5/00)