

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90214 046 \*\*\*\*61.25

**DOCUMENT # F97000005584**

1. Corporation Name

**CARDIOSTART, INCORPORATED**

Principal Place of Business

1722 CARDINAL DRIVE  
CLEARWATER FL 33759  
US

Mailing Address

1722 CARDINAL DRIVE  
CLEARWATER FL 33759  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/23/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

43-1791079

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24 33759 25

29 33759 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULHERN, C H A  
512 WHITE OAK AVE.  
BRANDON FL 33510

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 617.0502 and 617.1508, 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 617.0503, 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 PDC ☐ DELETE  
NAME MARATH, AUBYN DR  
STREET ADDRESS 1772 CARDINAL DR.  
CITY-ST-ZIP CLEARWATER FL 33759

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME TAYLOR, PATRICIA L.  
STREET ADDRESS 1772 CARDINAL DR.  
CITY-ST-ZIP CLEARWATER FL 33759

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME TOWNE, SR DAVID  
STREET ADDRESS 11903 N 53RD STREET  
CITY-ST-ZIP TAMPA FL 33617

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MULHERN, C H A  
STREET ADDRESS 512 WHITE OAK AVE.  
CITY-ST-ZIP BRANDON FL 33510

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE PATRICIA TAYLOR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99

727-669-8313

Date

Daytime Phone #

CR2E037 (11/98)