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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **F98000002558**

1. Corporation Name
USCARDIOVASCULAR INCORPORATED

Principal Place of Business	Mailing Address
15851 DALLAS PKWY.. STE. 925 ~~DALLAS TX 75248~~	15851 DALLAS PKWY.. STE. 925 ~~DALLAS TX 75248~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/05/1998	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 41-1869035	☐ Applied For ☐ Not Applicable
City & State 23 Addison, TX	City & State 28 Addison, TX	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 75001 25 USA	Zip / Country 29 75001 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☑ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LUCERI, RICHARD M		1.2 NAME	
STREET ADDRESS	1900 E. COMMERCIAL BLVD., STE. 101		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	D ☑ Change ☐ Addition
NAME	MATRICARIA, RONALD A		2.2 NAME	Matricaria, Ronald A.
STREET ADDRESS	MIDWEST PLZ., STE. 1860, 801 NICOLLET MALL		2.3 STREET ADDRESS	62 West Pleasant Lake Road
CITY-ST-ZIP	MINNEAPOLIS MN 55402		2.4 CITY-ST-ZIP	North Oaks, MN 55127
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SEMBROWICH, WALTER L		3.2 NAME	
STREET ADDRESS	MIDWEST PLZ., STE. 1860, 801 NICOLLET MALL		3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402		3.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	4.1 TITLE	DP ☑ Change ☐ Addition
NAME	COOLEY, STEVEN W		4.2 NAME	Cooley, Steven W.
STREET ADDRESS	15851 DALLAS PKWY., STE. 925		4.3 STREET ADDRESS	15851 Dallas Pkwy, Suite 925
CITY-ST-ZIP	DALLAS TX 75248		4.4 CITY-ST-ZIP	Addison, TX 75001
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, JOEL H		5.2 NAME	
STREET ADDRESS	4200 IDS CENTER, 80 SOUTH 8TH ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	D ☐ Change ☑ Addition
NAME			6.2 NAME	Ronald E. Eibensteiner
STREET ADDRESS			6.3 STREET ADDRESS	Midwest Plaza, Ste. 1860, 801 Nicollet Mall
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Minneapolis, MN 55402

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Steven W. Cooley 4/27/99 972-720-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #