2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90423 011 ***150.00

DOCUMENT # F98000002558

1. Entity Name

USCARDIOVASCULAR INCORPORATED

Principal Place of Business	Mailing Address
15851 DALLAS PKWY.. STE. 925 ADDISON TX 75001 US	15851 DALLAS PKWY.. STE. 925 ADDISON TX 75001-3355 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17101 Preston Rd.	17101 Preston Rd
Suite, Apt. #, etc.: Suite 245-S	Suite, Apt. #, etc.: Suite 245-S
City & State: Dallas, TX	City & State: Dallas, TX
Zip: 75248 Country:	Zip: 75248 Country:

4. FEI Number 41-1869035 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

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. (NOTE: Registered Agent signature required when reinstating) 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 $150.00
After MAY 1, 2000 Fee will be $550.00
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 LUCERI, RICHARD M 1900 E. COMMERCIAL BLVD., STE. 101 FT. LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATRICARIA, RONALD A 62 W PLEASANT LAKE RD NORTH OAKS MN 55127	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SEMBROWICH, WALTER L MIDWEST PLZ., STE. 1860, 801 NICOLLET MALL MINNEAPOLIS MN 55402	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP COOLEY, STEVEN W 15851 DALLAS PKWY., STE. 925 ADDISON TX 75001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	17101 Preston Rd. Suite 245-S Dallas, TX 75248	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GREEN, JOEL H 4200 IDS CENTER, 80 SOUTH 8TH ST. MINNEAPOLIS MN 55402	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EIBANSTEINER, RONALD E 1860 801 NICOLLET MALL MINNEAPOLIS MN 55402	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Steven W. Cooley 4/19/00 9727204000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #