

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002558

FILED
Mar 30, 2005
Secretary of State

Entity Name: USCARDIOVASCULAR INCORPORATED

Current Principal Place of Business:

17101 PRESTON RD
SUITE 245-5
DALLAS, TX 75248 US

New Principal Place of Business:

Current Mailing Address:

17101 PRESTON RD
SUITE 245-5
DALLAS, TX 75248 US

New Mailing Address:

FEI Number: 41-1859035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: OLSON, DOUG MD
Address: 6401 FRANCE AVENUE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55435

Title: D () Delete
Name: MCGUIRE, JAMES H III
Address: 7803 GLENROY RD. SUITE 300
City-St-Zip: MINNEAPOLIS, MN 55439

Title: D () Delete
Name: ERICSON, DAN
Address: 7803 GLENROY RD. SUITE 300
City-St-Zip: MINNEAPOLIS, MN 55439

Title: D () Delete
Name: EARNEY, JOHN
Address: 1107 HAZETINE BLVD
City-St-Zip: CHASKA, MN 55318

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J MARKS

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03/30/2005

Electronic Signature of Signing Officer or Director

Date