

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 13, 2006 8:00 am
Secretary of State

06-13-2006 90004 001 ***150.00
06-13-2006 90004 002 *****8.75

DOCUMENT # F98000002558 1. Entity Name USCARDIOVASCULAR INCORPORATED	
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Principal Place of Business 17101 PRESTON RD SUITE 245-5 DALLAS, TX 75248 US	Mailing Address 17101 PRESTON RD SUITE 245-5 DALLAS, TX 75248 US
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03092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-1859035	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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

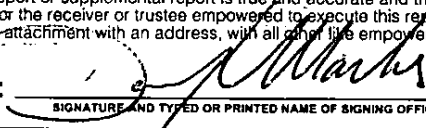
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C OLSON, DOUG MD 6401 FRANCE AVENUE SOUTH MINNEAPOLIS, MN 55435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUIRE, JAMES H III 7803 GLENROY RD. SUITE 300 MINNEAPOLIS, MN 55439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERICSON, DAN 7803 GLENROY RD. SUITE 300 MINNEAPOLIS, MN 55439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EARNEY, JOHN 1107 HAZETINE BLVD CHASKA, MN 55318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____