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

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1. Entity Name
USCARDIOVASCULAR INCORPORATED

Principal Place of Business	Mailing Address
17101 PRESTON RD SUITE 245-5 DALLAS, TX 75248 US	17101 PRESTON RD SUITE 245-5 DALLAS, TX 75248 US

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

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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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	OLSON, DOUG MD
STREET ADDRESS	6401 FRANCE AVENUE SOUTH
CITY-ST-ZIP	MINNEAPOLIS, MN 55435
TITLE	D
NAME	MCGUIRE, JAMES H III
STREET ADDRESS	7803 GLENROY RD. SUITE 300
CITY-ST-ZIP	MINNEAPOLIS, MN 55439
TITLE	D
NAME	ERICSON, DAN
STREET ADDRESS	7803 GLENROY RD. SUITE 300
CITY-ST-ZIP	MINNEAPOLIS, MN 55439
TITLE	D
NAME	EARNEY, JOHN
STREET ADDRESS	1107 HAZETINE BLVD
CITY-ST-ZIP	CHASKA, MN 55318
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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Sec. of State's Office

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 like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR