



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000001376 1. Entity Name VECTOR MEDICAL, INC.	
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Principal Place of Business 335 LOWELL AVE PALO ALTO, CA 94301	Mailing Address 335 LOWELL AVE PALO ALTO, CA 94301
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DO NOT WRITE IN THIS SPACE

	
01162004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3564171	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		<p>UN0000061766 02/23/04-80094-017 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLIS, J M 1886 LODGE POLE DRIVE MILTON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGLYNN, J C 650 PAGE MILL RD PALO ALTO, CA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LYNN, PATRICK 1244 VALLEY QUAIL CIR. SAN JOSE, CA 95120	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCGURK, ERIN 335 LOWELL AVE PALO ALTO, CA 94301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIECK, RONALD 335 LOWELL AVE PALO ALTO, CA 94301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/15/04 <small>Date</small>	650-327-7719 <small>Daytime Phone #</small>
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