
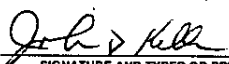


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90046 017 ***150.00

DOCUMENT # F99000006430 1. Entity Name DISETRONIC MEDICAL SYSTEMS INC.					
Principal Place of Business 5151 PROGRAM AVENUE MOUNDS VIEW, MN 55112-1014			Mailing Address 5151 PROGRAM AVENUE MOUNDS VIEW, MN 55112-1014		
2. Principal Place of Business 11800 Exit Five Parkway Suite, Apt. #, etc.		3. Mailing Address 9115 Hague Road - Tax Dept Suite, Apt. #, etc. Po Box 50457			
City & State Fishers, IN Zip 46038		City & State Indianapolis Zip 46250-0457		4. FEI Number 41-1694999	
Country Hamilton		Country Marion		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01132005 Chg-P CR2E034 (10/03)	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HANSEN, SARAH <input type="checkbox"/> Delete 5151 PROGRAM AVENUE MOUNDSVIEW, MN 551121014		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hanssen, Sarah 11800 Exit Five Parkway Fishers, IN 46038	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Delete KOMULA, ROBERT W 5151 PROGRAM AVENUE MOUNDSVIEW, MN 551121014		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John D. Kellar 9115 Hague Road Indianapolis, IN 46250	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSS <input checked="" type="checkbox"/> Delete HAYWARD, EDWARD 45 SOUTH SEVENTH STREET, #3400 MINNEAPOLIS, MN 554021609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lynn Gagel 9115 Hague Road Indianapolis, IN 46250	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete CARMICHAEL, KEPTEN 9115 HAGUE RD INDIANAPOLIS, IN 46250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Christopher L. Gilmer 9115 Hague Road Indianapolis, IN 46250	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete LISTER, WILLIAM 9115 HAGUE RD. INDIANAPOLIS, IN 46250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DUMOULIN, DON 9115 HAGUE RD. INDIANAPOLIS, IN 46250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			John D. Kellar, Vice President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/21/05 Daytime Phone # 317-521-7106		