


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # G41287 1. Entity Name CARDIO-STAT, INC.	
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Principal Place of Business 4175 S. CONGRESS AVE. #W LAKE WORTH, FL 33461-4725	Mailing Address P. O. BOX 1928 LEXINGTON, SC 29071-1928
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DO NOT WRITE IN THIS SPACE



07D12004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2300879	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 S 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 (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP YOUNG, RONNIE L 171 MONROE LANE LEXINGTON, SC 29072
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KEIM, JOHN D 171 MONROE LANE LEXINGTON, SC 29072
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07/12/04-80009-003 550.00

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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 my address, with all other like empowered.

SIGNATURE: <u>Ronnie L Young</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>7/8/04</u>	Daytime Phone #: <u>803-957-0500</u>
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