

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K15754

1. Entity Name

CARDIOVASCULAR SYSTEMS, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90193 045 \*\*\*150.00

Principal Place of Business

20 E. MELBOURNE AVE  
SUITE 104  
MELBOURNE FL 32901

Mailing Address

20 E. MELBOURNE AVE  
SUITE 104  
MELBOURNE FL 32901-5970

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2874893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHANDRA, RAJIV  
1914 RIVERSIDE DRIVE  
INDIALANTIC FL 32903

20 E Melbourne Ave  
Suite #104  
Melbourne, FL 32901

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHANDRA, RAJIV, MD	
STREET ADDRESS	20 E MELBOURNE AVE #104	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, BACHU, MD	
STREET ADDRESS	469 N Harbor City Blvd	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	Gayden, John Jr, MD	
STREET ADDRESS	1451 Hickory ST	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

321-951-7409

CR2E034 (9/99)