

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000007382

**FILED**  
**Mar 23, 2004**  
**Secretary of State****Entity Name:** CARDIOSTART INTERNATIONAL, INCORPORATED**Current Principal Place of Business:**512 WHITE OAK AVE  
BRANDON, FL 33510**New Principal Place of Business:****Current Mailing Address:**512 WHITE OAK AVE  
BRANDON, FL 33510**New Mailing Address:****FEI Number:** 59-3679703**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MULHERN, CHARLES H.A.  
512 WHITE OAK AVE  
BRANDON, FL 33510 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** MULHERN, CHARLES  
**Address:** 512 WHITE OAK AVE.  
**City-St-Zip:** BRANDON, FL 33510**Title:** PTD ( ) Delete  
**Name:** MARATH, AUBYN  
**Address:** 512 WHITE OAK AVE.  
**City-St-Zip:** BRANDON, FL 33510**Title:** D ( ) Delete  
**Name:** MULBERN, CHA  
**Address:** 512 WHITE OAK AVE.  
**City-St-Zip:** BRANDON, FL 33510**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** S (X) Change ( ) Addition  
**Name:** KITKO, LINDA ANN  
**Address:** 1005 BELL SHOALS LANE  
**City-St-Zip:** BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES MULHERN

D

03/23/2004

Electronic Signature of Signing Officer or Director

Date