2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005
Secretary of State

DOCUMENT# P01000065544

Entity Name: ICU DATASYSTEMS, INC.

Current Principal Place of Business:

2153 SE HAWTHORNE RD.
STE. 220
GAINESVILLE, FL 326417553

New Principal Place of Business:

Current Mailing Address:

2153 SE HAWTHORNE RD.
STE. 220
GAINESVILLE, FL 326417553

New Mailing Address:

FEI Number: 59-3730681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COONS, III, SAMUEL W
4727 NW 71ST PL.
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

CARNES, TONY C
4438 SW 105TH DR
GAINESVILLE, FL 32608 US

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: TONY C. CARNES 06/09/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEOS (X) Delete
Name: COONS, III, SAMUEL W
Address: 4727 NW 71ST. PL.
City-St-Zip: GAINESVILLE, FL 32653

Title: PT ( ) Delete
Name: CARNES, TONY C
Address: 4438 105TH DR.
City-St-Zip: GAINESVILLE, FL 32608

Title: CIMO ( ) Delete
Name: DRUMMORD, WILLA H
Address: 2300 SW 56TH AVE.
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY C. CARNES PT 06/09/2005
Electronic Signature of Signing Officer or Director Date