## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2007 8:00 am Secretary of State

| DOCUMENT # P06000067582  1. Entity Name CARDIAC RHYTHM CONCEPTS, INC.   |  |   |              |  | 05-02-2007 90101 047 ***150.00 |                         |                               |                              |  |
|---|--|---|--------------|--|--------------------------------|-------------------------|-------------------------------|------------------------------|--|
| Principal Place of Business Mailing Address   |  |   |              |  | 401019                         | ) <b>)</b> 0            |                               |                              |  |
| 4967 PEPPE<br>#105-E  | R CIRCLE   | 4967 PEPPER CIRCLE<br>#105-E  |              |  | 40101228                       |                         |                               |                              |  |
| NAPLES, FL 34113 NAPLES, FL 34113   |  |   |              |  |                                | ICHE CHU BOUL COUL DOIS | I AATIA AIIILJAARI AHALHAIA A |                              |  |
| Principal Place of Business - No P.O. Box #     3. Mailing Ad   |  |   | ddress       |  |                                |                         |                               |                              |  |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.   |              |  | 04242007                       | Chg-P                   | CR2E034 (12/06)               | +                            |  |
| City & Stat   | е  | City & State  |              |  | 4. FEI Number 2.0 -            | -51558                  |                               | pplied For<br>lot Applicable |  |
| Zip   | Country  | Zip   | Count        |  | 5. Certificate                 | of Status Desired       | S8.75 Ad                      |                              |  |
|   | 6. Name and Address of Current   | Registered Agent  | ı            | <u></u>                                | 7. Name and                    | Address of New R        | egistered Agent               |                              |  |
| MICHETTI, MICHAEL L   |  |   |              |  | Smith Smith & Associates Tuc   |                         |                               |                              |  |
| SUITE 200   |  | Street Address (P.O. Box Number is Not Acceptable) 6314 Whiskey Execk Arive |              |  |                                |                         |                               |                              |  |
| NAPLES, FL 34103  |  |   |              |  | <u> </u>                       |                         | <b>□</b> Zip Coo              | de 💂                         |  |
| 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 acc   |  |   |              |  |                                |                         |                               | 915                          |  |
| signature obligations of regregated agent.  4/2 4/07  |  |   |              |  |                                |                         |                               | 7                            |  |
| Signature, typed or printed, name of redistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)      N   |  |   |              |  |                                |                         |                               |                              |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  |  |   |              |  |                                |                         |                               |                              |  |
| 10.   | . OFFICERS AND   |   | 11.          | ,                                      | ADDITIONS/                     | CHANGES TO OFFI         | CERS AND DIRECTOR             | RS IN 11                     |  |
| TITLE<br>NAME   | P<br>DANIEL, RONALD  | ☐ Delete  | TITLE        |  |                                |                         | ☐ Change                      | Addition                     |  |
| STREET ADDRESS  |  |   |              | ET ADDRESS                             |                                |                         |                               |                              |  |
| CITY-ST-ZIP   |  |   | CITY         | -S1-ZIP                                |                                |                         |                               |                              |  |
| TITLE<br>NAME   | BANKEL BONNET  |   | TITLE        |  |                                |                         | ☐ Change                      | Addition                     |  |
| STREET ADDRESS  |  |   |              | ET ADDRESS                             |                                |                         |                               | ı                            |  |
| CITY-ST-ZIP   | NAPLES, FL 34113   |   | CITY         | -ST-ZIP                                |                                |                         |                               |                              |  |
| TITLE<br>NAME   |  | ☐ Delete  | TITLE        |  |                                |                         | ☐ Change                      | Addition                     |  |
| STREET ADDRESS  |  |   | NAMI<br>STRE | ET ADDRÉSS                             |                                |                         |                               | ]                            |  |
| CITY-S1-ZIP   |  |   |              | -ST-ZIP                                |                                |                         |                               |                              |  |
| TITLE   |  | ☐ Delele  | TITLE        |  |                                |                         | ☐ Change                      | Addition                     |  |
| NAME<br>STREET ADDRESS  |  |   | NAM          | ET ADDRESS                             |                                |                         |                               |                              |  |
| CITY-ST-ZIP   |  |   |              | ST-ZIP                                 |                                |                         |                               |                              |  |
| TITLE   | ☐ Delete TITL  |   |              |  |                                | ☐ Change                | Addition                      |                              |  |
| NAME<br>STREET ADDRESS  |  |   | NAMI<br>STRE | ET ADDRESS                             |                                |                         |                               |                              |  |
| CITY-ST-ZIP   |  |   |              | ST-ZIP                                 |                                |                         |                               |                              |  |
| TITLE   |  | ☐ Delete  | TITLE        |  |                                |                         | ☐ Change                      | Addition                     |  |
| NAME  |  |   | NAMI         | 1                                      |                                |                         |                               | Î                            |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |   |              | ET ADDRESS<br>ST-ZIP                   |                                |                         |                               |                              |  |
| 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 |  |   |              |  |                                |                         |                               |                              |  |
| indicated<br>of the cor   | on this report or supplemental report is<br>poration or the receiver or flustee empt | true and accurate and that r  | ny signat    | ure shall have the<br>ed by Chapter 60 | same legal effec               | i as it made under o    | eatn; that I am an office     | r or director                |  |