

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P13596

1. Entity Name

~~EDWARDS-LIFESCIENCES-CARDIOVASCULAR-RESOURCES, I~~

NC. FRESenius MEDICALCARE CARDIOVASCULAR RESOURCES, INC

Principal Place of Business

16818 VIA DEL CAMPO CT.
SAN DIEGO CA 92127

Mailing Address

16818 VIA DEL CAMPO CT.
SAN DIEGO CA 92127

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME DEYANEY, JACK
STREET ADDRESS 16818 VIA DEL CAMPO CT
CITY-ST-ZIP SAN DIEGO CA 92127TITLE VPT ☐ Delete
NAME GARDNER, CLIFF
STREET ADDRESS 16818 VIA DEL CAMPO COURT
CITY-ST-ZIP SAN DIEGO CA 92127TITLE VP ☐ Delete
NAME CROWLEY, JEFFREY C
STREET ADDRESS 16818 VIA DEL CAMPO CT
CITY-ST-ZIP SAN DIEGO CA 92127TITLE AS ☒ Delete
NAME BOTRICELLI, DENISE
STREET ADDRESS 16818 VIA DEL CAMPO CT
CITY-ST-ZIP SAN DIEGO CA 92127TITLE C ☒ Delete
NAME MUSSALLEM, MICHAEL A
STREET ADDRESS 17221 RED HILL AVE., #99
CITY-ST-ZIP IRVINE CA 92614TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME PAUL ZABETAKIS
STREET ADDRESS 16818 Via Del Campo Ct
CITY-ST-ZIP SAN DIEGO, CA 92127TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SECRETARY ☒ Change ☐ Addition
NAME ALLISON ALLEN
STREET ADDRESS 16818 VIA DEL CAMPO CT
CITY-ST-ZIP SAN DIEGO, CA 92127TITLE DIRECTOR ☒ Change ☐ Addition
NAME FTCHONG
STREET ADDRESS 16818 VIA DEL CAMPO CT
CITY-ST-ZIP SAN DIEGO, CA 92127TITLE DIRECTOR ☐ Change ☒ Addition
NAME RICHARD DRAKE
STREET ADDRESS 16818 VIA DEL CAMPO CT
CITY-ST-ZIP SAN DIEGO, CA 92127

13. 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 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 #

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90106 047 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)