2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
03-15-2001 90005 005 ***150.00

DOCUMENT # P26810

1. Entity Name
CARDIOCOMMAND, INC.

Principal Place of Business	Mailing Address
5902 BRECKENRIDGE PKWY B TAMPA FL 33610 US	5902 BRECKENRIDGE PKWY B TAMPA FL 33610 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5660-H West Cypress St.	5660-H West Cypress St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33607 Country: US	Zip: 33607 Country: US

4. FEI Number 65-0084694 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, AL
5902 BRECKENRIDGE PKWY
B
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name: WILLIAMS, AL
Street Address (P.O. Box Number is Not Acceptable)
5660-H West Cypress St.
City: Tampa FL Zip Code: 33607

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: Al Will — 3-6-2001
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAICHY, K.C. 5660-G WEST CYPRESS ST. TAMPA FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5660-H West Cypress St.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP RAMSEY, MAYNARD 5660-G W. CYPRESS ST. TAMPA FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5660-H West Cypress St.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, THOMAS 5660-G W. CYPRESS ST. TAMPA FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5660-H West Cypress St.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WILLIAMS, AL 5560-G W. CYPRESS ST. TAMPA FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5660-H West Cypress St.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Al Will
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #