2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004
Secretary of State

DOCUMENT# P26810

Entity Name: CARDIOCOMMAND, INC.

Current Principal Place of Business:

4920 W CYPRESS ST
STE 110
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

4920 W CYPRESS ST
STE 110
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 65-0084694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, AL
4920 W CYPRESS ST
STE 110
TAMPA, FL 33607 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

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: D ( ) Delete
Name: CRAICHY, K.C.
Address: 4920 WEST CYPRESS STREET STE 110
City-St-Zip: TAMPA, FL 33607

Title: DCP ( ) Delete
Name: RAMSEY, MAYNARD
Address: 4920 WEST CYPRESS STREET STE 110
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: TAYLOR, THOMAS
Address: 4920 WEST CYPRESS STREET STE 110
City-St-Zip: TAMPA, FL 33607

Title: VST ( ) Delete
Name: WILLIAMS, AL
Address: 4920 WEST CYPRESS STREET STE 110
City-St-Zip: TAMPA, FL 33607

Title: S ( ) Delete
Name: MCNAMARA, THOMAS P
Address: 4920 WEST CYPRESS STREET STE 110
City-St-Zip: TAMPA, FL 33607

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:

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: AL WILLIAMS VST 07/01/2004

Electronic Signature of Signing Officer or Director Date