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FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P41156

(1)

1. Corporation Name  
CARDIOVASCULAR VENTURES, INC.



Principal Place of Business

336 CAMP ST.  
STE 250  
NEW ORLEANS LA 70130

Mailing Address

336 CAMP ST.  
STE 250  
NEW ORLEANS LA 70130-2818

3. Date Incorporated or Qualified

10/23/1992

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

2a. Mailing Address

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number

65-0294084

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

WERTHEIMER, DAVID MD.  
1700 SE HILLMOOR DR.  
SUITE 202  
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Type above typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	WATTS, RALPH J.	
STREET ADDRESS	200 FAIRWAY DRIVE 336 Camp Street, Suite 250	
CITY-STATE-ZIP	NEW ORLEANS LA	
TITLE	D	DELETE
NAME	MILLER, CHARLES R.	
STREET ADDRESS	14340 TORREY CHASE, #3205 15 W. Greens Rd #800	
CITY-STATE-ZIP	HOUSTON TX	
TITLE	D	DELETE
NAME	O'LEARY, DENISE	
STREET ADDRESS	3000 SAND HILL ROAD, #4	
CITY-STATE-ZIP	MENLO PARK NY	
TITLE	SD	DELETE
NAME	WETHEIMER, DAVID	
STREET ADDRESS	1700 SE HILLMOOR DR., SUITE 202	
CITY-STATE-ZIP	PT. ST. LUCIE FL	
TITLE	VST	DELETE
NAME	THOMPSON, JACK	
STREET ADDRESS	336 CAMP STREET STE 250	
CITY-STATE-ZIP	NEW ORLEANS LA	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change	Addition
1.2 NAME	Carlisle, Doug		
1.3 STREET ADDRESS	3000 Sand Hill Road #4		
1.4 CITY-STATE-ZIP	Menlo Park, NY		
2.1 TITLE	D	Change	Addition
2.2 NAME	Adamek, Thomas		
2.3 STREET ADDRESS	461 Florida Street		
2.4 CITY-STATE-ZIP	Baton Rouge, La.		
3.1 TITLE	D	Change	Addition
3.2 NAME	Finzi, Robert		
3.3 STREET ADDRESS	3000 Sandhill Road, Bldg. 4, Suite 220		
3.4 CITY-STATE-ZIP	Menlo Park, CA		
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-STATE-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-STATE-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-STATE-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)