

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 APR 28 PM 1:40

DOCUMENT # P41156 (1)
1. Corporation Name
CARDIOVASCULAR VENTURES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**336 CAMP ST.
STE 250
NEW ORLEANS LA 70130**

Mailing Address
**336 CAMP ST.
STE 250
NEW ORLEANS LA 70130**

3. Date Incorporated or Qualified
10/23/1992

4. FEI Number
65-0294084

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21 **7 Waterside Crossing**
Suite, Apt #, etc.
22
City & State
23 **Windsor, CT**
Zip
24 **06095** Country
25 **USA**

2a. Mailing Address
26 **2755 Campus Drive**
Suite, Apt #, etc.
27 **200**
City & State
28 **San Mateo, CA**
Zip
29 **94403** Country
30 **USA**

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
CT Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

83

84 City
Plantation FL 85 Zip Code
33324

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(8), 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, Sections 607.06(2) and 607.15(8), Florida Statutes.

SIGNATURE *Naseem A. Conde* **NASEEM A. CONDE** 4-27-98
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent must be a resident of Florida.) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WATTS, RALPH J.	
STREET ADDRESS	336 CAMP STREET, SUITE 250	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, CHARLES R.	
STREET ADDRESS	515 W GREENS RD #800	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARLISLE, DOUG	
STREET ADDRESS	3000 SAND HILL ROAD, #4	
CITY-ST-ZIP	MENLO PARK NY	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WETHEIMER, DAVID	
STREET ADDRESS	1700 SE HILLMOOR DR., SUITE 202	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON JACK	
STREET ADDRESS	336 CAMP STREET STE 250	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FINZI, ROBERT	
STREET ADDRESS	3000 SANDHILL RD, BLDG 4, SUITE 220	
CITY-ST-ZIP	MENLO PARK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Swapan Sen	
1.3 STREET ADDRESS	7 Waterside Crossing	
1.4 CITY-ST-ZIP	Windsor, CT 06095	
2.1 TITLE	CFO & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	E. Payson Smith, Jr.	
2.3 STREET ADDRESS	2755 Campus Drive #200	
2.4 CITY-ST-ZIP	San Mateo, CA 94403	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michael O. Kokesh	
3.3 STREET ADDRESS	2755 Campus Drive #200	
3.4 CITY-ST-ZIP	San Mateo, CA 94403	
4.1 TITLE	Chairman & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	200002508262-- 7	
4.4 CITY-ST-ZIP	-05/01/98 -01101--019	
5.1 TITLE	***150.00	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 in an attachment with an address.

SIGNATURE *Michael O. Kokesh* 4/24/98 650-340-0800

CR2E034 (10/97)