

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

97 SEP 22 PH 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000014909 (4)

1. Corporation Name  
CSI THERAPEUTICS, INC.



Principal Place of Business  
515 E. LAS OLAS BLVD., STE 1600  
FT. LAUDERDALE FL 33301

Mailing Address  
515 E. LAS OLAS BLVD., STE 1600  
FT. LAUDERDALE FL 33301-2268

3. Date Incorporated or Qualified 02/26/1993	3a. Date of Last Report 08/23/1996
4. FEI Number 13-0388526	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BEILLY, BRADFORD J 790 EAST BROWARD BLVD. SUITE 1600 FT. LAUDERDALE FL 33301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	REITER, WILLIAM M		
STREET ADDRESS	515 E. LAS OLAS BLVD., SUITE 1600	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
VPS	BEILLY, BRADFORD J		
STREET ADDRESS	515 E. LAS OLAS BOULEVARD, SUITE 1600	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
T	KAHN, W. DOUGLAS		
STREET ADDRESS	515 E. LAS OLAS BOULEVARD, #1600	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
VDD	CIOROC, PAUL J		
STREET ADDRESS	515 E. LAS OLAS BLVD., SUITE 1600	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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: *[Signature]*

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