

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Shondra B. McPherson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000056424 (3)

1. Corporation Name

CARDIOVASCULAR BIOMEDICAL, INC.



Principal Place of Business

**4911 ST. CROIX
TAMPA FL 33629**

Mailing Address

**4911 ST. CROIX
TAMPA FL 33629**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**FULLER, JEFFERY M
100 N TAMPA ST STE 2650
STE. 1300
TAMPA FL 33602**

3. Date Incorporated or Qualified

08/09/1993

3a. Date of Last Report

06/13/1995

4. FEI Number

59-3205163

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. 193.032,
Florida Statutes. ☐ Yes ☒ No

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 607.1503, 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. Thereby I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Florida Statutes.

SIGNATURE

Peter McKeown

4/10/96

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

D

NAME

MCKEOWN, PETER P

STREET ADDRESS

4911 ST. CROIX

CITY-ST-ZIP

TAMPA FL 33629

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

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NAME

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NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 its officer or trustee or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of officers or directors is indicated.

SIGNATURE:

Peter McKeown **PETER MCKEOWN**

4/10/96 **8132868122**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FD-205 (Rev. 8-8)

CR2E034 (12/95)