FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:02

DOCUMENT # **P94000060083 (0)**

1. Corporation Name

CARDIO RESEARCH, INC.

Principal Place of Business	Mailing Address
46 N WASHINGTON BLVD #1 SARASOTA FL 34236	46 N WASHINGTON BLVD #1 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 **2 N. TAMIAMI TRAIL**
Suite, Apt. #, etc.
22 **312**
City & State
23 **SARASOTA, FL**
Zip 24 **34236** County 25 **USA**

2a. Mailing Address
26 **2 N. Tamiami Trail**
Suite, Apt. #, etc.
27 **312**
City & State
28 **Sarasota, Florida**
Zip 29 **34236** County 30 **USA**

4. FEI Number: **65-0523489** ☐ 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

7. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PATTERSON, JOHN
46 N WASHINGTON BLVD
#1
SARASOTA FL 34236

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 _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D,T	XXX Change ☐ Addition
NAME	PATTERSON, JOHN	12 NAME	GEBHARD, H. DIETER	
STREET ADDRESS	46 N WASHINGTON BLVD #1	13 STREET ADDRESS	1858 RINGLING BLVD.	
CITY ST ZIP	SARASOTA FL 34236	14 CITY ST ZIP	SARASOTA, FL 34236	
TITLE		21 TITLE	P	☐ Change XXX Addition
NAME		22 NAME	PETRIK, GERD	
STREET ADDRESS		23 STREET ADDRESS	2 N. TAMIAMI TRAIL, #312	
CITY ST ZIP		24 CITY ST ZIP	SARASOTA, FL 34236	
TITLE		31 TITLE	VP,S	☐ Change XXX Addition
NAME		32 NAME	GEBHARD, LINDA	
STREET ADDRESS		33 STREET ADDRESS	2 N. TAMIAMI TRAIL, #312	
CITY ST ZIP		34 CITY ST ZIP	SARASOTA, FL 34236	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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 this 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: Linda Gebhard 3/10/95 **(813) 364-9606**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LINDA GEBHARD, Secretary

0342100 CP