FILED Apr 16, 2003 8:00 am Secretary of State



P97000099801 04-16-2003 90249 047 ***150.00 1. Entity Name CARDIOTECH, INC. Principal Place of Business Mailing Address 635 S ORANGE AVE 46 N. WASHINGTON BLVD. **STE 10** SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address 3600 TORREY PINES BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 65-0820327 SARASOTA, FLORIDA Not Applicable Zìp Zip Country \$8.75 Additional 5. Certificate of Status Desired 34238-2827 - 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATTERSON, JOHN Street Address (P.O. Box Number is Not Acceptable) 46 N. WASHINGTON BLVD., #1 SARASOTA FL 34236 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE **C**hange ☐ Addition ☐ Delete PETRIK, GERD NAME NAME STREET ADDRESS 635 S ORANGE AVE STE 10 STREET ADDRESS 3600 TORREY PINES BLVD. CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP SARASOTA, FLORIDA 34238-2827 TITLE ☐ Delete Change ☐ Addition TITLE NAME NAKAMOTO, KERI NAME 3600 TORREY PINES BLVD. STREET ADDRESS STREET ADDRESS 635 S ORANGE AVE SARASOTA, FLORIDA 34238-2827 CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 teceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. (941)929-1052

SIGNATURE:

Date

Daytime Phone #