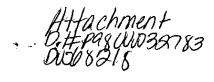
DOCUMENT # P9800032783 1. Entity Name CPR Systems, INC					FILED Jul 07, 2000 8:00 am				
					Secretary of State 07-07-2000 90461 033 ***150.00				
Principal Plac	e of Business OLD OKESCHOBES	Mailing Address	<u></u> -	-					
Suite West 1	e 4 Palm Beach, FL 3.				-00	re718	<u> </u>	,	
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address		D00E8518				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI Numbe	08/3802	Applied For Not Applicable			
Zip	Country	Zip	Country		of Status Desired	\$8.7	5 Addition		
-	6. Name and Address of Curren			7. Name and	Address of New Regist				
GOF	OLD OKACASHE		Name	- (DO Boy Numbe	ia Net Appentable)				
رم مید	-e 4		Street Addres	S (P.O. BOX Nullibe	r is Not Acceptable)				
WE5	- Palm BEACH, F	12 33409	City		<u> </u>	FL Zir	o Code		
	named entity submit this statement			tered agent, or both	h, in the State of Florida.	<u>FL</u>			
SIGNATURE .	Rom Lofo &	-			6-23	-00			
	Signature, typed or printed name of registered ager	Party of Taranta and the San	: Registered Agent signature requ	ured when reinstating)		DATE			
Tax filing re	oration is eligible to satisfy its Intangib equirement and elects to do so. ria on back)	After MAY 1, 20	II FEE IS \$150.00 00 Fee will be \$550.0 le to Department of S	Tru	ction Campaign Financir st Fund Contribution.		\$5.00 Added to	May Be Fees	
11.	OFFICERS ANI	DIRECTORS Delete	12.	ADDITIONS/	CHANGES TO OFFICER	S AND DIREC		N 11	
NAME STREET ADDRESS CITY-ST-ZIP	COFORTH RON 2539 OLD OKERCH WEST PAIN BEACH	bbs KD	NAME STREET ADDRESS CITY-ST-ZIP				ungo	, , , , , , , , , , , , , , , , , , ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			· Cr	 nange	☐ Addition	
TITLE NAME - STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Cr	iange	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Cr	lange	Addition	
13. I hereby of indicated of the cor		is true and accurate and that no powered to execute this report , with all other like empowered.	ny signature shall have the as required by Chapter (ne same legal effec 607, Florida Statute	t as if made under oath: '	that I am an o	officer or < 11 or B	airector	

CR2E034 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)



CPR Systems, Inc. 2539 Old Okeechobee Road West Palm Beach, FL 33409 (561) 616-4324

June 23, 2000

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, Fl 32302-1500

Re: 2000 Uniform Business Report for CPR Systems, Inc., F.E.I.N. 65-0813802.

Gentlemen:

I have been out of the country for several months. Upon my return, I realized that we had not Received or filed the 2000 Uniform Business Report. At this point, I requested a copy of the Required form from your office. Having just received the copy, I am filing the form as quickly As possible along with the standard amount of \$150.00.

Please accept my apologies for any inconvenience this may have caused your office.

Thank you for your assistance with this matter.

Sincerely,

Ron Goforth

Enc.