

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213504395
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1.) CORPORATION NAME: Cardiopuls Medical, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DANIEL K MOLLER 1760 RESTON PKWY STE 506 RESTON, VA 20190 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 1/31/2013 SCC ID NO: 07042088 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMA</td> <td style="text-align: center;">50,000</td> </tr> <tr> <td>COMB</td> <td style="text-align: center;">50,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMA	50,000	COMB	50,000
CLASS	AUTHORIZED						
COMA	50,000						
COMB	50,000						

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 11921 FREEDOM DR., #550 CITY/ST/ZIP: RESTON, VA 20190
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DANIEL K MOLLER TITLE: SECRETARY ADDRESS: 1760 RESTON PKWY, #506 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: BRUCE K LAGERMAN TITLE: DIRECTOR ADDRESS: 11921 FREEDOM DR., #550 CITY/ST/ZIP/CO: RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ BRUCE K LAGERMAN	BRUCE K LAGERMAN, DIRECTOR	1/28/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.