

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22357

**FILED**  
**Jan 10, 2006**  
**Secretary of State**

**Entity Name:** ARRHYTHMIA TECHNOLOGIES INSTITUTE, INC.

**Current Principal Place of Business:**

400 EXECUTIVE CENTER DRIVE  
SUITE 108  
GREENVILLE, SC 29615 US

**New Principal Place of Business:**

**Current Mailing Address:**

150 EXECUTIVE CENTER DRIVE  
BOX 120  
GREENVILLE, SC 29615 US

**New Mailing Address:**

**FEI Number:** 65-0032556      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FORNEY, RICK  
1643 BENT OAKS BLVD  
DELAND, FL 32724 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: SWEESY, MARK W  
Address: 400 EXECUTIVE CENTER DR. SUITE 108  
City-St-Zip: GREENVILLE, SC 29615 US

Title: VTSD ( ) Delete  
Name: FORNEY, RICHARD C  
Address: 1643 BENT OAKS BLVD  
City-St-Zip: DELAND, FL 32724 US

Title: VS ( ) Delete  
Name: HOLLAND, JAMES L  
Address: 400 EXECUTIVE CENTER DR. SUITE 108  
City-St-Zip: GREENVILLE, SC 29615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK SWEESY

PT

01/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date