


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N22357
 1. Entity Name
ARRHYTHMIA TECHNOLOGIES INSTITUTE, INC.



Principal Place of Business 400 EXECUTIVE CENTER DRIVE SUITE 108 GREENVILLE, SC 29615 US	Mailing Address 150 EXECUTIVE CENTER DRIVE BOX 120 GREENVILLE, SC 29615 US
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01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0032556	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**FORNEY, RICK
 1643 BENT OAKS BLVD
 DELAND, FL 32724**

DO NOT WRITE IN THIS SPACE

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: *Mark Sweesy* (NOTE: Registered Agent signature required when reinstating)
 DATE: 1-14-08

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000788405
 01/13/08-80039-019 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SWEESY, MARK W 400 EXECUTIVE CENTER DR. SUITE 108 GREENVILLE, SC 29615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD FORNEY, RICHARD C 1643 BENT OAKS BLVD DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HOLLAND, JAMES L 400 EXECUTIVE CENTER DR. SUITE 108 GREENVILLE, SC 29615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Sweesy* Date: 1-14-08 Daytime Phone #: 804-297-9230