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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90114 049 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22357

1. Corporation Name
ARRHYTHMIA TECHNOLOGIES INSTITUTE, INC.

Principal Place of Business 255 ENTERPRISE BLVD. SUITE 170 GREENVILLE SC 29615 US	Mailing Address 255 ENTERPRISE BLVD. SUITE 170 GREENVILLE SC 29615 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/04/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0032556
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HOLLAND, JOHN 370 115TH AVENUE TREASURE ISLAND FL 33706		81 Name	HOLLAND, JIM
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEENEY, MARK W	1.2 NAME	SWEESY, MARK W.
STREET ADDRESS	305 NORTH ALMOND DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SIMPSONVILLE SC 29681	1.4 CITY-ST-ZIP	
TITLE	VTSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORNEY, RICHARD C	2.2 NAME	
STREET ADDRESS	101 NEELY CROSSING LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SIMPSONVILLE SC 29680	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECKINGER, SHANNON	3.2 NAME	
STREET ADDRESS	2105 CLEVELAND STREET EXTENSION	3.3 STREET ADDRESS	12 RIVERSIDE DR.
CITY-ST-ZIP	GREENVILLE SC 29607	3.4 CITY-ST-ZIP	GREENVILLE, SC 29605
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERRICK, JANE	4.2 NAME	
STREET ADDRESS	850 RIVER ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WOODRUFF SC 29388	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	HULL, ROBERT W.
STREET ADDRESS		5.3 STREET ADDRESS	709 SPAULDING FARM ROAD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	GREENVILLE, SC 29615
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard C. Forney **REQUIRED** RICHARD C. FORNEY Date 1/08/99 Daytime Phone # 864-455-1191

CR2E037 (1/198)