

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90033 010 \*\*\*\*70.00

**C0042291**

DOCUMENT # **N22357**  
 1. Entity Name  
**Arrhythmia Technologies, Institute, Inc**

Principal Place of Business  
**255 Enterprise Blvd  
 Suite 170  
 Greenville, SC 29615**

Mailing Address  
**255 Enterprise Blvd  
 Suite 170  
 Greenville, SC 29615**

2. Principal Place of Business  
**255 Enterprise Blvd**  
 Suite, Apt. #, etc.  
**Suite 170**  
 City & State  
**Greenville, SC**  
 Zip  
**29615**

3. Mailing Address  
**255 Enterprise Blvd**  
 Suite, Apt. #, etc.  
**Suite 170**  
 City & State  
**Greenville, SC**  
 Zip  
**29615**

4. FEI Number  
**65-0032556**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**James L. Holland**  
**370 115th Ave**  
**Treasure Island, FL 33706**

7. Name and Address of New Registered Agent  
 Name **Rick Forney**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1643 Bent Oaks Blvd**  
 City **DeLand** FL Zip Code **32724**

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.

SIGNATURE **Rick Forney** DATE **3/14/00**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. S. T.</b> <b>Rick Forney</b> <b>255 Enterprise Blvd Suite 170</b> <b>Greenville, SC 29615</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.</b> <b>MARK W. Sweesy</b> <b>255 Enterprise Blvd Suite 170</b> <b>Greenville, SC 29615</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P. T.</b> <b>MARK W. Sweesy</b> <b>255 Enterprise Blvd Suite 170</b> <b>Greenville, SC 29615</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. S.</b> <b>JAMES L. Holland</b> <b>255 Enterprise Blvd Suite 170</b> <b>Greenville, SC 29615</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 W. Sweesy** **3-10-00 864-455-1192**

CR2E037 (9/99)