

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90308 039 ****70.00

746562



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------|---|---------|
| DOCUMENT # N22357 | | | |
| 1. Entity 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 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|--|---|
| 4. FEI Number 65-0032556 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | | | | | |
|--|--|--|--|--|--|----------|--|
| 6. Name and Address of Current Registered Agent FORNEY, RICK 1643 BENT OAKS BLVD DELAND FL 32724 | | | | 7. Name and Address of New Registered Agent | | | |
| Name | | | | Name | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| City | | | | FL | | Zip Code | |

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

DATE _____

| | | | |
|-------------------------------------|--|------------------------------------|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|----------------------------|-------------------------------|--|--|---|--|---------------------------------|-----------------------------------|
| TITLE | PT | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SWEESY, MARK W | | | NAME | | | |
| STREET ADDRESS | 255 ENTERPRISE BLVD SUITE 170 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | GREENVILLE SC 29615 | | | CITY-ST-ZIP | | | |
| TITLE | VTSD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FORNEY, RICHARD C | | | NAME | | | |
| STREET ADDRESS | 101 NEELY CROSSING LANE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SIMPSONVILLE SC 29680 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SECKINGER, SHANNON | | | NAME | | | |
| STREET ADDRESS | 12 RIVERSIDE DR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | GREENVILLE SC 29605 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DERRICK, JANE | | | NAME | | | |
| STREET ADDRESS | 850 RIVER ROAD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | WOODRUFF SC 29388 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HULL, ROBERT W | | | NAME | | | |
| STREET ADDRESS | 709 SPAULDING FARM RD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | GREENVILLE SC 29615 | | | CITY-ST-ZIP | | | |
| TITLE | VS | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HOLLAND, JAMES L | | | NAME | | | |
| STREET ADDRESS | 255 ENTERPRISE BLVD SUITE 170 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | GREENVILLE SC 29615 | | | CITY-ST-ZIP | | | |

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: *Signature* **4/17/01** **864-454-1192**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)