

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 JUL -6 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandria B. Mormann
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L66783** (6)

1. Corporation Name
DYSRHYTHMIA, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **2000 SW 27TH AVE. ATTN: 5202 MIAMI FL 33145**
Mailing Address: **2000 SW 27TH AVE. ATTN: 5202 MIAMI FL 33145**

3. Date Incorporated or Qualified: **04/18/1990** 3a. Date of Last Report: **04/07/1994**
4. FEI Number: **65-0170119** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has authority for suspension by section 607.002 Florida Statutes: Yes No

2. Principal Place of Business: 21 State Apt # etc: 22 City & State: 23
2a. Mailing Address: 24 State Apt # etc: 25 City & State: 26
27
28
29
30

9. Name and Address of Current Registered Agent
**MONACO, VITO W.
90 EDGEWATER DR
STE 401
CORAL GABLES FL 33133**

10. Name and Address of New Registered Agent
81 Name: **MONACO VITO**
82 Street Address (P.O. Box Number is Not Acceptable): **4998 S.W. 8th Street**
83 City: **MARGATE Florida 33068**
84 City: **FL** 85 Zip Code: **33068**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0505, Florida Statutes.

SIGNATURE: *Vito Monaco* 6/28/95
Signature of Registered Agent or Registered Agent for the Corporation Registered Agent Signature Required when Accepting

12. OFFICERS AND DIRECTORS

121 NAME	PDS MONACO, VITO W.
122 STREET ADDRESS	90 EDGEWATER DR STE 401
123 CITY & STATE	CORAL GABLES FL
124 NAME	
125 STREET ADDRESS	
126 CITY & STATE	
127 NAME	
128 STREET ADDRESS	
129 CITY & STATE	
130 NAME	
131 STREET ADDRESS	
132 CITY & STATE	
133 NAME	
134 STREET ADDRESS	
135 CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

131 NAME	PDS Monaco Vito	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
132 STREET ADDRESS	4998 S.W. 8th Street	
133 CITY & STATE	MARGATE, Fla 33068	
134 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
135 STREET ADDRESS		
136 CITY & STATE		
137 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
138 STREET ADDRESS		
139 CITY & STATE		
140 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
141 STREET ADDRESS		
142 CITY & STATE		

14. I, the Secretary, certify that the information required with this filing is accurately furnished and claims and qualify for the exemptions stated in Section 607.010(1)(b), Florida Statutes. I further certify that the information submitted for this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in compliance with the provisions of the corporation or the receiver or liquidator's report as required by Chapter 607, Florida Statutes, and that my name appears in the list of officers and directors of the corporation or the receiver or liquidator's report as required by Chapter 607, Florida Statutes, and that my name appears in the list of officers and directors of the corporation or the receiver or liquidator's report as required by Chapter 607, Florida Statutes.

SIGNATURE: *Vito Monaco* 6/28/95 (3-05) 445-8563
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR