

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

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

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

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORNEY, RICK
1643 BENT OAKS BLVD
DELAND FL 32724

Name

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. ☐

\$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** ☐ Delete
NAME **SWEESY, MARK W**
STREET ADDRESS **255 ENTERPRISE BLVD SUITE 170**
CITY-ST-ZIP **GREENVILLE SC 29615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VTSD** ☐ Delete
NAME **FORNEY, RICHARD C**
STREET ADDRESS **101 NEELY CROSSING LANE**
CITY-ST-ZIP **SIMPSONVILLE SC 29680**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SECKINGER, SHANNON**
STREET ADDRESS **12 RIVERSIDE DR**
CITY-ST-ZIP **GREENVILLE SC 29605**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **DERRICK, JANE**
STREET ADDRESS **850 RIVER ROAD**
CITY-ST-ZIP **WOODRUFF SC 29388**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **HULL, ROBERT W**
STREET ADDRESS **709 SPAULDING FARM RD**
CITY-ST-ZIP **GREENVILLE SC 29615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VS** ☐ Delete
NAME **HOLLAND, JAMES L**
STREET ADDRESS **255 ENTERPRISE BLVD SUITE 170**
CITY-ST-ZIP **GREENVILLE SC 29615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

864-454-1192

Date

Daytime Phone #

CR2E037 (10/00)