2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N22357

1. Entity Name
ARRHYTHMIA TECHNOLOGIES INSTITUTE, INC.

Principal Place of Business	Mailing Address
400 EXECUTIVE CENTER DRIVE SUITE 108 GREENVILLE, SC 29615 US	150 EXECUTIVE CENTER DRIVE BOX 120 GREENVILLE, SC 29615 US

DO NOT WRITE IN THIS SPACE

01142008 No Chg-NP CR2E037 (4/06)

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

FORNEY, RICK
1643 BENT OAKS BLVD
DELAND, FL 32724

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Mark Sweesy 1-14-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

U00000788405
01/18/08-80039-019 70.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SWEESY, MARK W
STREET ADDRESS	400 EXECUTIVE CENTER DR. SUITE 108
CITY-ST-ZIP	GREENVILLE, SC 29615
TITLE	VTSD
NAME	FORNEY, RICHARD C
STREET ADDRESS	1643 BENT OAKS BLVD
CITY-ST-ZIP	DELAND, FL 32724
TITLE	VS
NAME	HOLLAND, JAMES L
STREET ADDRESS	400 EXECUTIVE CENTER DR. SUITE 108
CITY-ST-ZIP	GREENVILLE, SC 29615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Sweesy 1-14-08 864-297-9232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #