2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N22357

FILED Feb 04, 2003 Secretary of State

Entity Name: ARRHYTHMIA TECHNOLOGIES INSTITUTE, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
255 ENTE SUITE 170	RPRISE BLVD.				
	LLE, SC 29615	US			
Current M	lailing Address	::	New Mailing Address	s:	
	RPRISE BLVD.				
SUITE 170 GREENVI	LLE, SC 29615	US			
FEI Number	: 65-0032556	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of Cu	ırrent Registered Agent:	Name and Address o	of New Registered Agent:	
	T OAKS BLVD				
DELAND, The above	FL 32724 US		ourpose of changing its registered	d office or registered agent, or both,	
DELAND, The above	FL 32724 US e named entity so e of Florida.		ourpose of changing its registered	d office or registered agent, or both,	
DELAND, The above in the State	FL 32724 Use named entity sue of Florida.			d office or registered agent, or both, Date	
DELAND, The above in the State SIGNATUI	FL 32724 Use named entity sue of Florida.	ubmits this statement for the p	ent		
DELAND, The above in the State SIGNATUI	e named entity so e of Florida. RE: Electronic S AND DIRECT PT () I SWEESY, MARK	ubmits this statement for the positions of Registered Age ORS: Delete W E BLVD SUITE 170	ent	Date	
DELAND, The above in the State SIGNATUI OFFICER Title: Name: Address:	e named entity sue of Florida. RE: Electronic S AND DIRECT PT () I SWEESY, MARK 255 ENTERPRIS GREENVILLE, SO	ubmits this statement for the positions of Registered Age ORS: Delete W E BLVD SUITE 170 C 29615 US Delete RD C S BLVD	ent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK W. SWEESY PT 02/04/2003