FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 519084

(8)

NON-INVASIVE CARDIAC SERVICES, INC.

FILED Jan 28 1998 8:00am Secretary of State

110111		5, 11to					
Principal Plac	e of Business	Mailing Address				-{	111 11011 11111 1 1011 1 1011 1001
23409 DRAYT	ON DR	23409 DRAYTON DR				ļ	
BOCA RATON FL 33433 BOCA RATON FL 33433						DO NOT WRITE IN THE	0.004.05
						DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	S SPACE
						'	
2. Principal F	Place of Business	2a, Mailing Address				11/24/1976 4. FEI Number	Applied For
21		26				NOT APPLICABLE	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		***			\$8.75 Additional
22		27				5. Certificate of Stalus Desired	Fee Required
City & Stat	е	City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the c	
24	25	29	30			Personal Property Tax due June 30.	Yes No
	g. Name and Address of Current	Hegistered Agent		B1 Name		10. Name and Address of New Registere	d Agent
SCHILLING, FRED J.				81 Name	Street Address (P.O. Box Number is Not Acceptable)		
23409 DRAYTON DR				82 Street			
BOCA RATON FL 33433			}	83			
				63			
				84 City		F	85 Zip Code
44 Durauant	to the provisions of Sections 607 DED2	and 607 1509 Florida Chatut	on the sk	- Para	Loorno	oration submits this statement for the purpose	-
office or r	egistered agent, or both, in the State of	of Florida. Such change was a	authorized	t by the cor	poratio	on's board of directors. I hereby accept the ap	ppointment as registered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Fl	orida Stat	utes.			}
SIGNATURE	Signature, typed or printed name of registered agent	and tills if and order	(Desirence	Anna -		d when reinstating) DATE	
12.	OFFICERS AND		13.	Agent signs:un	e required	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	T	DELETE	1.1 TIT	LĒ	Τ		☐ Change ☐ Addition
NAME	SCHILLING, FRED J		1.2 NA	MÉ			Corvection
STREET ADDRESS	28 9 DRAYTON DRIVE 23	409	13.51	reet address	2	3409 Drayton Dr	ave
CITY-ST-ZIP	BOCA RATON FL 33433	·		Y-ST-ZIP		<i>y</i> - 1	15
TITLE	P	DELETE	2.1 TIT		 		Change Addition
NAME	SCHILLING, BETTY J.		2,2 NA	ME		1 to 10 to 1	Correction
STREET ADDRESS	-23469 DRAYTON DRIVE 23	1409	2.3 ST	REET ADORESS	23	1409 Drayton Ori	v C
CITY-ST-ZIP	BOCA RATON FL 33433			TY-ST-ZIP		-	
TITLE	VS	DELETE	3.1 TIT		 		Change Addition
NAME	SCHILLING, LISA R.		3.2 NA	ME		8409 Drayton Drive	Correction
STREET ADDRESS	-23469 DRAYTON DRIVE 7-3	469	3.3 ST	REET ADDRESS	2	34090 rayton Drive	
CITY-ST-ZIP	BOCA RATON FL 33433		3.4. CI	TY-ST-ZIP	Ľ.		
TITLE		DELETE	4.1 111	LE			Change Addition
NAME			4, 2 NA	MF.			1
STREET ADDRESS			4.3 ST	REET ADDRESS	ļ		
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TIT	LE			Change Addition
NAME			5.2 NA	ME			
STREET ADDRESS			5 3 STI	ieet address	ĺ		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CIT	Y-ST-ZIP	<u> </u>		
TITLE		DELETE	6.1 TIT	LE]	···	☐ Change ☐ Addition
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 STF	REET ADDRESS			
CITY-ST-ZIP			6.4 CIT	Y - ST - ZIP	L		

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as received by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

A. Avalling ledge Fred J. Schilling