

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 519084

1. Entity Name
NON-INVASIVE CARDIAC SERVICES, INC.

Principal Place of Business
23409 DRAYTON DR
BOCA RATON FL 33433

Mailing Address
23409 DRAYTON DR
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

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

SCHILLING, FRED J.
23409 DRAYTON DR
BOCA RATON FL 33433

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T
TITLE NAME
SCHILLING, FRED J
STREET ADDRESS
23409 DRAYTON DR
CITY-ST-ZIP
BOCA RATON FL 33433 ☐ Delete

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

P
TITLE NAME
SCHILLING, BETTY J.
STREET ADDRESS
23409 DRAYTON DR
CITY-ST-ZIP
BOCA RATON FL 33433 ☐ Delete

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

VS
TITLE NAME
SCHILLING, LISA R.
STREET ADDRESS
23408 DRAYTON DR
CITY-ST-ZIP
BOCA RATON FL 33433 ☐ Delete

☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Fred J. Schilling Fred J. Schilling 1/26/02 561-391-8386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

0376074 AV

CR2E034 (9/01)