

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90014 011 \*\*\*150.00

**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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)



4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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 \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P, T ☒ Change ☐ Addition  
NAME LISA R. SCHILLING  
STREET ADDRESS 23409 DRAYTON DR  
CITY-ST-ZIP BOCA RATON, FLA 33433

VP, S ☒ Change ☐ Addition  
NAME BETTY J. SCHILLING  
STREET ADDRESS 23409 DRAYTON DR.  
CITY-ST-ZIP BOCA RATON, FLA 33433

VP ☐ Change ☐ Addition  
NAME FRED J. SCHILLING  
STREET ADDRESS 23409 DRAYTON DR.  
CITY-ST-ZIP BOCA RATON, FLA 33433

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:

*Lisa R. Schilling* Lisa R. Schilling 3-31-06 (201) 391-8386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #