

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90092 040 ***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

23409 Drayton Dr.

3. Mailing Address

Same

City & State

Boca Raton, FL

City & State

Same

Zip
33433

Country
US

Zip

Country

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

**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, 2003 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

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SCHILLING, FRED J.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/03 561-8386
Daytime Phone #

CR2E034 (10/02)