

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 681706

FILED  
Apr 10, 2002 8:00 AM  
Secretary of State

**Entity Name:** NON-INVASIVE MONITORING SYSTEMS, INC.

**Current Principal Place of Business:**

1840 WEST AVENUE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1840 WEST AVENUE  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 59-2007840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: SACKNER, MARVIN A., MD  
Address: 1840 WEST AVENUE  
City-St-Zip: MIAMI BEACH, FL

Title: D ( ) Delete  
Name: SACKNER, STANLEY C D  
Address: 1840 W AVE  
City-St-Zip: MIAMI BEACH, FL

Title: D ( ) Delete  
Name: SHAPIRO, EDWARD  
Address: 1840 WEST AVENUE  
City-St-Zip: MIAMI BEACH, FL

Title: SD ( ) Delete  
Name: SACKNER, RUTH,  
Address: 1840 WEST AVENUE  
City-St-Zip: MIAMI BEACH, FL

Title: D ( ) Delete  
Name: KAISER, M.D. GERARD,  
Address: 1840 WEST AVENUE  
City-St-Zip: MIAMI BEACH, FL

Title: D ( ) Delete  
Name: ROBINSON, M.D. MORTO, N J.  
Address: 1840 WEST AVENUE  
City-St-Zip: MIAMI BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GOULD, TAFFY  
Address: 1840 WEST AVENUE  
City-St-Zip: MIAMI BEACH, FL

Title: D (X) Change ( ) Addition  
Name: SMULIAN, ANDREW  
Address: 1840 WEST AVENUE  
City-St-Zip: MIAMI BEACH, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: ROBINSON, M.D. MORTO, N J.  
Address: 1840 WEST AVENUE  
City-St-Zip: MIAMI BEACH, FL

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN SACKNER

CD

04/10/2002

Electronic Signature of Signing Officer or Director

Date

TAFFY GOULD DIRECTOR  
1840 WEST AVENUE  
MIAMI BEACH, FLORIDA 33139

ANDREW SMULIAN DIRECTOR  
1840 WEST AVENUE  
MIAMI BEACH, FLORIDA 33139

ALLAN F. BRACK DIRECTOR  
1840 WEST AVENUE  
MIAMI BEACH, FLORIDA 33139

ROBERT MOSS DIRECTOR  
1840 WEST AVENUE  
MIAMI BEACH, FLORIDA 33139