

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 681706

FILED
Aug 27, 2007
Secretary of State

Entity Name: NON-INVASIVE MONITORING SYSTEMS, INC.

Current Principal Place of Business:

1666 KENNEDY CAUSEWAY
STE 400
NORTH BAY VILLAGE, FL 33141

New Principal Place of Business:

5204 PAYLOR LANE
SARASOTA, FL 34240

Current Mailing Address:

1666 KENNEDY CAUSEWAY
STE 400
NORTH BAY VILLAGE, FL 33141

New Mailing Address:

5204 PAYLOR LANE
SARASOTA, FL 34240

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: SACKNER, MARVIN A., MD
Address: 1666 KENNEDY CAUSEWAY, STE 400
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: D () Delete
Name: KIGHT, LEILA
Address: 1666 KENNEDY CSWY
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: D () Delete
Name: GOULD, TAFFY
Address: 1666 KENNEDY CAUSEWAY, STE 400
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: D () Delete
Name: CLAWSON, JOHN
Address: 1666 KENNEDY CSWY, STE 400
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: D () Delete
Name: KAISER, M.D. GERARD,
Address: 1666 KENNEDY CAUSEWAY, STE
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: SD () Delete
Name: ROBINSON, M.D. MORTO, N J.
Address: 1666 KENNEDY CAUSEWAY, STE 400
City-St-Zip: NORTH BAY VILLAGE, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DR. MARVIN SACKNER

CD

08/27/2007

Electronic Signature of Signing Officer or Director

Date