

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90508 011 ***150.00

DOCUMENT # 681706

1. Entity Name
NON-INVASIVE MONITORING SYSTEMS, INC.



Principal Place of Business
**1840 WEST AVENUE
MIAMI BEACH FL 33139**

Mailing Address
**1840 WEST AVENUE
MIAMI BEACH FL 33139**



2. Principal Place of Business

1666 KENNEDY Cswy

3. Mailing Address

1666 KENNEDY Causeway

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

North Bay Village FL

City & State

North Bay Village

Zip

33141

Country

Zip

33141

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2007840**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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

TITLE **CD** ☐ Delete
NAME **SACKNER, MARVIN A., MD**
STREET ADDRESS **1840 WEST AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☒ Delete
NAME **SACKNER, STANLEY C D**
STREET ADDRESS **1840 W AVE**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ Delete
NAME **GOULD, TAFFY**
STREET ADDRESS **1840 WEST AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☒ Delete
NAME **SMULIAN, ANDREW**
STREET ADDRESS **1840 WEST AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ Delete
NAME **KAISER, M.D. GERARD**
STREET ADDRESS **1840 WEST AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **SD** ☐ Delete
NAME **ROBINSON, M.D. MORTON J.**
STREET ADDRESS **1840 WEST AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **LEILA Kight**
STREET ADDRESS **1666 KENNEDY Cswy**
CITY-ST-ZIP **North Bay Village FL**

TITLE **CEO** ☐ Change ☒ Addition
NAME **ALLAN BRACK**
STREET ADDRESS **1666 KENNEDY Cswy**
CITY-ST-ZIP **North Bay Village FL**

TITLE **D** ☐ Change ☒ Addition
NAME **GERALD KAISER**
STREET ADDRESS **1666 KENNEDY Cswy**
CITY-ST-ZIP **North Bay Village FL**

TITLE **D** ☐ Change ☒ Addition
NAME **JOHN CLAWSON**
STREET ADDRESS **1666 KENNEDY Cswy**
CITY-ST-ZIP **North Bay Village FL**

TITLE **VP** ☐ Change ☒ Addition
NAME **Richard Buckley**
STREET ADDRESS **1666 KENNEDY Cswy**
CITY-ST-ZIP **North Bay Village**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03

305-861-0075

Date

Daytime Phone #

CR2E034 (10/02)