

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004761

Entity Name: HEARTLAB, INC.

FILED  
Mar 24, 2005  
Secretary of State

## Current Principal Place of Business:

ONE CROSSWIND ROAD  
WESTERLY, RI 02891

## New Principal Place of Business:

## Current Mailing Address:

ONE CROSSWIND ROAD  
WESTERLY, RI 02891

## New Mailing Address:

FEI Number: 05-0480064

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: DP ( ) Delete  
Name: PETROCELLI, RICHARD  
Address: 25 BOULDER WAY  
City-St-Zip: EAST GREEWICH, RI 02818

Title: D ( ) Delete  
Name: PETROCELLI, ROBERT  
Address: 19 N. BOTTOM RIDGE  
City-St-Zip: WESTERLY, RI 02891

Title: D ( ) Delete  
Name: PETROCELLI, AMERICO  
Address: 73 WESTMINSTER STREET  
City-St-Zip: WESTERLY, RI 02891

Title: D ( ) Delete  
Name: ELION, JONATHAN  
Address: 2255 COMMODORE PERRY HWY.  
City-St-Zip: WAKEFIELD, RI 02879

Title: D ( ) Delete  
Name: MALM, DAVID  
Address: 500 BOYLSTON STREET  
City-St-Zip: BOSTON, MA 02116

Title: D ( ) Delete  
Name: HALPERN, JOHN  
Address: 500 BOYLSTON STREET  
City-St-Zip: BOSTON, MA 02116

## 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 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: WILLIAM STETTER

CFO

03/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date