

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003918

FILED  
Mar 11, 2009  
Secretary of State

**Entity Name:** CARDIAC ARRHYTHMIA SYNDROMES FOUNDATION, INC.

**Current Principal Place of Business:**

300 BALLARDVALE ST., SUITE 20  
ANDOVER, MA 01810

**New Principal Place of Business:**

**Current Mailing Address:**

300 BALLARDVALE ST., SUITE 20  
ANDOVER, MA 01810

**New Mailing Address:**

**FEI Number:** 26-3198554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MAYERNICK, FRANK ESQ.  
215 S. MONROE ST., SUITE 701  
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

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: VINING, JAYNE  
Address: 2 REBECCA LANE  
City-St-Zip: STONEHAM, MA 02180

Title: VCS ( ) Delete  
Name: KING, NEIL O  
Address: 32009 N. 52ND WAY  
City-St-Zip: CAVE CREEK, AZ 85331

Title: DT ( ) Delete  
Name: CARROLL, KHRISTIN  
Address: 137 SOUTH RD.  
City-St-Zip: HOPKINTON, NH 03229

**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:

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

SIGNATURE: JAYNE VINING

P

03/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date