

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-21-2003 91033 002 ***150.00

DOCUMENT # K76777

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



Principal Place of Business
1840 WEST AVENUE
MIAMI BEACH FL 33139

Mailing Address
1840 W AVE
MIAMI BCH FL 33139

2. Principal Place of Business

1666 Kennedy Cswy
Suite 400

City & State
North Bay Village FL

Zip
33141

Country

3. Mailing Address

1666 Kennedy Causeway
Suite 400

City & State
North Bay Village

Zip
33141

Country



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **65-0338350**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
1916 SOUTH CENTRAL AVENUE
LAKELAND FL 33803

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

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

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

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

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

TITLE **CD** ☐ Delete
NAME **SACKNER, MARVIN A**
STREET ADDRESS **1840 W AVE**
CITY-ST-ZIP **MIAMI BCH FL 33139**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

Daytime Phone #

CR2E034 (10/02)