

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001186

FILED
Mar 15, 2004
Secretary of State

Entity Name: NATIONAL INSTITUTE FOR CARDIAC EDUCATION, INC.

Current Principal Place of Business:

3700 WASHINGTON ST., STE. 300
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3700 WASHINGTON ST., STE. 300
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0902743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOFFER, ARIEL D
3700 WASHINGTON ST., STE. 300
HOLLYWOOD, FL 33021

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: PD () Delete
Name: SOFFER, ARIEL D
Address: 3700 WASHINGTON ST., STE. 300
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD () Delete
Name: SOFFER, MINA
Address: 3700 WASHINGTON ST., STE. 300
City-St-Zip: HOLLYWOOD, FL 33021

Title: VPD () Delete
Name: SOFFER, GAD
Address: 20185 E. COUNTRY CLUB DRIVE
City-St-Zip: AVENTURA, FL 33180

Title: TD () Delete
Name: ARONSKY, RICHARD
Address: 18999 BISCAYNE BLVD., #204
City-St-Zip: AVENTURA, FL 33180

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:

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

SIGNATURE: ARIEL SOFFER

PD

03/15/2004

Electronic Signature of Signing Officer or Director

Date