

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N99000001186

1. Entity Name
NATIONAL INSTITUTE FOR CARDIAC EDUCATION, INC.



Principal Place of Business
**3702 WASHINGTON ST.
SUITE 304
HOLLYWOOD, FL 33021**

Mailing Address
**3702 WASHINGTON ST.
SUITE 304
HOLLYWOOD, FL 33021**

FILED
Jul 28, 2008 08:00 AM
Secretary of State



07172008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
65-0902743

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOFFER, ARIEL D DR.
3702 WASHINGTON ST.
SUITE 304
HOLLYWOOD, FL 33021**

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. SOFFER, ARIEL D 3702 WASHINGTON ST., STE. 304 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOFFER, MINA 3702 WASHINGTON ST., STE. 304 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARONSKY, RICHARD 18999 BISCAYNE BLVD., #204 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/28/08-80001-008 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mina Soffer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #