2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 19, 2009
Secretary of State

DOCUMENT# N99000001186

Entity Name: NATIONAL INSTITUTE FOR CARDIAC EDUCATION, INC.

Current Principal Place of Business:

3702 WASHINGTON ST.
SUITE 304
HOLLYWOOD, FL 33021

New Principal Place of Business:

16400 COLLINS AVE.
SUITE 1243
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

3702 WASHINGTON ST.
SUITE 304
HOLLYWOOD, FL 33021

New Mailing Address:

16400 COLLINS AVE.
SUITE 1243
SUNNY ISLES BEACH, FL 33160

FEI Number: 65-0902743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SOFFER, ARIEL D DR.
16400 COLLINS AVE.
SUITE1243
SUNNY ISLES BEACH, FL 33160 US

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: ARIEL SOFFER 11/19/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: SOFFER, ARIEL D
Address: 3702WASHINGTON ST., STE. 304
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD ( ) Delete
Name: SOFFER, MINA
Address: 3702WASHINGTON ST., STE. 304
City-St-Zip: HOLLYWOOD, FL 33021

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: SOFFER, ARIEL D
Address: 16400 COLLINS AVE.
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: SD (X) Change ( ) Addition
Name: SOFFER, MINA
Address: 16400 COLLINS AVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: MINS SOFFER SD 11/19/2009
Electronic Signature of Signing Officer or Director Date