

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 22, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000114178**1. Entity Name
HEARTBEAT MEDICAL, INC.

Principal Place of Business 9000 CYPRESS GREEN DR., #103 JACKSONVILLE FL 32256	Mailing Address 9000 CYPRESS GREEN DR., #103 JACKSONVILLE FL 32256
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2. Principal Place of Business 209 SOUTH HAMPTON CLUB WAY	3. Mailing Address 209 SOUTH HAMPTON CLUB WAY
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ST. AUGUSTINE FL	City & State ST. AUGUSTINE FL
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4. FEI Number 91-1828352	Applied For <input type="checkbox"/> Not Applicable
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Zip 32092	Country US	Zip 32092	Country US
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****BAILEY EVELYN B**
9000 CYPRESS GREEN DR., #103**JACKSONVILLE FL**
32256Name
BAILEY EVELYN B
Street Address (P.O. Box Number is Not Acceptable)
209 SOUTH HAMPTON CLUB WAYCity
ST. AUGUSTINE FL Zip Code
32092

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.

SIGNATURE _____ **02/22/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	SD	<input type="checkbox"/> Delete
NAME	BAILEY EVELYN B	
STREET ADDRESS	9000 CYPRESS GREEN DR., #103	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY EVELYN B	
STREET ADDRESS	209 SOUTH HAMPTON CLUB WAY	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAILEY ROBERT S	
STREET ADDRESS	9000 CYPRESS GREEN DR., #103	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY ROBERT S	
STREET ADDRESS	209 SOUTH HAMPTON CLUB WAY	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Evelyn Bailey

sd 02/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)