

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000045800**

1. Entity Name

**TREASURE COAST CARDIAC MONITORING INC.****FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90079 001 \*\*\*150.00

Principal Place of Business

**1311 SE PALM BEACH RD  
PORT ST LUCIE FL 34952**

Mailing Address

**1311 SE PALM BEACH RD  
PORT ST LUCIE FL 34952****979995**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-1101591**

Applied For

Not Applicable

Zip

Country

Zip

Country

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****STERRETT, MERIBETH****1311 SE PALM BEACH RD****PORT ST LUCIE FL 34952**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00.**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<b>VP</b>				
	<b>Hank Sterrett</b>				
	<b>1311 SE Palm Beach Rd.</b>				
	<b>Port St. Lucie, FL 34952</b>				

CR2E034 (4/02)

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:****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****9/11/02**  
Date**772 3371464**  
Daytime Phone #

Attachment

979995

# PD1000045800



**Treasure Coast Cardiac Monitoring**

P.O. Box 8179

Port St. Lucie, Fl. 34985-8179

Phone 772.337.1464

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Our mission is to provide and meet the needs of each physician and their patients by giving the best quality cardiac monitoring services available.

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September 11, 2002

To whom it may concern,

This letter is to notify Florida's Department of State Divisions of Corporations, that Treasure Coast Cardiac Monitoring did not receive a prior notice to file a Uniform Business Report to continue doing business as a corporation. Please accept this form with a payment of \$150.00. We are a new company and not well acquainted with the many forms that are required to continue to operate. We apologize for any inconvenience this may have caused.

Sincerely,

Meribeth Sterrett