

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90096 032 ***150.00

DOCUMENT # P02000081556

1. Entity Name
ARRHYTHMIA MANAGEMENT, INC.



Principal Place of Business
**15350 AMBERLY DRIVE APT 3223
TAMPA FL 33647**

Mailing Address
**15350 AMBERLY DRIVE APT 3223
TAMPA FL 33647**



2. Principal Place of Business
401 Harbour Place DR.

3. Mailing Address
401 Harbour Place DR

Suite, Apt. #, etc.
1423

Suite, Apt. #, etc.
1423

City & State
Tampa, FL

City & State
Tampa, FL

Zip Country
33602 Hillsborough

Zip Country
33602 Hillsborough

4. FEL Number
32-0023453

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MORROW, MELISSA
15350 AMBERLY DRIVE APT 3223
TAMPA FL 33647**

7. Name and Address of New Registered Agent

Name **MORROW, MELISSA**
Street Address (P.O. Box Number is Not Acceptable)
401 Harbour Place DR # 1423
City **Tampa** FL **33602**

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 *Melissa Morrow*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03-26-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD MORROW, MELISSA**
STREET ADDRESS **15350 AMBERLY DRIVE APT 3223**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Melissa Morrow* **03-26-03** **(813) 610-3296**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)