

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069895

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA INTERNATIONAL ASSOCIATION OF CARDIOGRAPHIC TECHNOLOGIC TECHNICIAN  
CERTIFICATION, INC.

**Current Principal Place of Business:**

6615 SW 8 ST.  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

6615 SW 8 ST.  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 81-0620575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ALCURIA, ARMANDO L  
6489 SW 8TH ST  
MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

ALCURIA, ARMANDO L  
6615 SW 8TH ST  
MIAMI, FL 33144 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:** ARMANDO L ALCURIA

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** ALCURIA, ARMANDO L  
**Address:** 6615 SW 8ST  
**City-St-Zip:** MIAMI, FL 33144

**Title:** D  
**Name:** ALCURIA, ARGELIA M  
**Address:** 6615 SW. ST  
**City-St-Zip:** MIAMI, FL 33144

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ARMANDO L. ALCURIA

D

02/17/2011

Electronic Signature of Signing Officer or Director

Date