

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 07, 2006 8:00 am**  
**Secretary of State**

08-07-2006 90044 011 \*\*\*150.00

**DOCUMENT # P03000112802**

1. Entity Name  
 ELITE CARDIAC MONITORING, INC.



Principal Place of Business      Mailing Address

1980 N ATLANTIC AVE      1980 N ATLANTIC AVE  
 128      128  
 COCOA BEACH, FL 32931      COCOA BEACH, FL 32931

2. Principal Place of Business      3. Mailing Address

1700 UNIVERSITY LN      1700 UNIVERSITY LN  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 101      101

City & State      City & State

Cocoa, FL      Cocoa, FL

Zip      Country      Zip      Country

32922      U.S.A      32922      U.S.A



08022006    Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For

54-2131012      Not Applicable

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

6. Name and Address of Current Registered Agent

MCKENZIE, RAY W  
 1700 UNIVERSITY LANE, UNIT 101  
 COCOA, FL 32922

7. Name and Address of New Registered Agent

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:       (NOTE: Registered Agent signature required when reinstating)      DATE

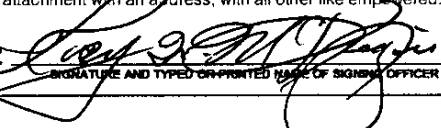
**FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PST<br>MCKENZIE, RAY W<br>1700 UNIVERSITY LANE, UNIT 101<br>COCOA, FL 32922 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>MCKENZIE, RAY W<br>1700 UNIVERSITY LANE, UNIT 101<br>COCOA, FL 32922 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:       Date: 8-2-06      Daytime Phone #: 321-302-2338