

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

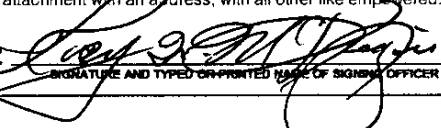
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

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	PST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENZIE, RAY W	NAME	
STREET ADDRESS	1700 UNIVERSITY LANE, UNIT 101	STREET ADDRESS	
CITY-ST-ZIP	COCOA, FL 32922	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENZIE, RAY W	NAME	
STREET ADDRESS	1700 UNIVERSITY LANE, UNIT 101	STREET ADDRESS	
CITY-ST-ZIP	COCOA, FL 32922	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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