

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90057 039 \*\*\*150.00



**DOCUMENT # P03000112802**

1. Entity Name  
**ELITE CARDIAC MONITORING, INC.**

Principal Place of Business  
 1700 UNIVERSITY LN  
 101  
 COCOA FL 32922

Mailing Address  
 1700 UNIVERSITY LN  
 101  
 COCOA FL 32922



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

Country  
*FLORIDA*

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

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

4. FEI Number **54-2131012**

Applied For  
 Not Applicable

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

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: *Ray W. McKenzie*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PST	MCKENZIE, RAY W	1700 UNIVERSITY LANE, UNIT 101	COCOA FL 32922	<input type="checkbox"/>
VD	MCKENZIE, RAY W	1700 UNIVERSITY LANE, UNIT 101	COCOA FL 32922	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Ray W. McKenzie* **RAY W. MCKENZIE 4407 321-302-1338**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #