## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000012659 (6)

CARDIAC MONITORING SERVICES, INC.

**FILED** May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							JUIU 11070 UIXDI DILIA II	111 ( <b>11</b> 1)	
7711 SW 62 AVE P.O. BOX 56-0989									
STE 201 MIAMI FL 33256-0989						DO NOT WRITE IN THIS SPACE			
SOUTH MIAMI FL 33143					3. Date incorporated or Qualified				
						02/15/1994			
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	Applie	ed For	
21		26				65-0468622	Not A	pplicable	
Suite, Apt. #, etc.		$\vdash$	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Add		
City & State		27	City & State				Fee Requi		
23		20	28			Blection Campaign Financing     Trust Fund Contribution	\$5.00 Ma Added to F		
Zip			Zip Country		8. This corporation owes or has paid the current year Intangible				
24	26		30			Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
	KLEY, PAULA			81	Name				
3 AVE F COCO PLUM BEACH				82	Street Ad	t Address (P.O. Box Number is Not Acceptable)			
MARATHON FL 33050				-					
				63					
				84	City	Fi	85 Zip Cod	le	
11 Pursuant	to the provisions of Sections 607.05	02 and 6	07 1508 Florida Stat	tutes the above	e-named co			oistered	
office or r	egistered agent, or both, in the State	e of Flori	ida. Such change wa	s authorized b	the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	pointment as reg	istered	
1	in lamilar with, and accept the con-	ganoris c	ii, 360iidii 607.0303,	FIUIUA SIAIUIE	<b>&gt;</b> .				
SIGNATURE	Signature, typed or printed name of registered as	ent and the	e if applicable (N	OTE: Registered Ag	ent signature rec	quired when reinstating) DATE			
12.	OFFICERS AN	ND DIRE		13.		ADDITIONS/CHANGES TO OFFICERS AN		_	
TITLE	PST AMOD AMANDY		☐ DELETE	1.1 TITLE			Change	_ Addition	
NAME VILLAMOR, MANNY STREET ADDRESS 10605-SW-60RD-AVE				1.2 NAME		ACCUPATE OF			
STREET ADDRESS	MIAMI FL 33156			1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		E Suburban Pr			
CITY-ST-ZIP TITLE	PDC		☐ DELETE	21 TITLE	11-11	MIANI Ph. 85 1916	Change	Addition	
NAME	ACKLEY, PAULA			22 NAME					
STREET ADDRESS	3 AVE F COCO PLUM BCH			2 3 STREE	ADDRESS				
CITY-ST-ZIP MARATHON FL 33050				2 4 CITY-	ST - ZIP				
TITLE			DELETE	31 TITLE			Change	Addition	
NAME				3 2 NAME					
STREET ADDRESS				3.3 STREET					
CITY-ST-ZIP		<del></del>	☐ DELETE	3.4, CITY-	SI-ZIP		Chanas	Addition	
TITLE NAME			L' DECE IE	4.1 TITLE 4. 2 NAME	I		☐ Change ☐	Addition	
STREET ADDRESS				4. 2 NAME 4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY-5					
TITLE			DELETE	5.1 TITLE	11-211		☐ Change ☐	Addition	
NAME				5.2 NAME					
STREET ADDRESS				5 3 STREET	ADDRESS				
City-St-Z#P				5.4 CITY-5	T-ZIP				
TITLE			☐ DELETE	61 TITLE			Change	Addition	
NAME				6.2 NAME				Ī	
STREET ADDRESS				6.3 STREET	ADDRESS			}	
CITY-ST-ZIP				6.4 CITY - 5	T-ZiP				

14. Thereby 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 annual report or supplemental annual 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 use an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or the receiver of the corporation of the corporati MANNY VILLAHOR

SIGNATURE: