

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 02 1996 8:00 am
Secretary of State

DOCUMENT # P94000063833 (5)

1. Corporation Name

DIAGNOSTIC CARDIOLINE MONITORING, INC.

Principal Place of Business

Mailing Address

**3111 UNIVERSITY DR.
SUITE 925
CORAL SPRINGS FL 33065**

**3111 UNIVERSITY DR.
SUITE 925
CORAL SPRINGS FL 33065**



2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/25/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0516240

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

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\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

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Yes

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No

10. Name and Address of New Registered Agent

81

Name **VISNICK, HOWARD L**

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Street Address (P.O. Box Number is Not Acceptable)

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City

FL

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Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME **DPST**
STREET ADDRESS **TURTURO, FRANK**
CITY - ST - ZIP **3111 UNIVERSITY DR., SUITE 925
CORAL SPRINGS FL 33065**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PD** ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

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SIGNATURE:

Louis Katchis, Jr.

LOUIS KATCHIS, JR.

7/29/96

954.346.5388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Club

Daytime Phone #

CR2E034 (3/96)