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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000052928 (5)**

1. Corporation Name
HEART ALERT INCORPORATED

Principal Place of Business
12909 NORTH 56TH STREET
SUITE 304
TAMPA FL 33617

Mailing Address
12909 NORTH 56TH STREET
SUITE 304
TAMPA FL 33617-1244

3. Date Incorporated or Qualified: **07/03/1995**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-3332588** Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HOGGLE, JOHN M.
12909 NORTH 56TH STREET
SUITE 304
TAMPA FL 33617

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	☑ DELETE
NAME	HOGGLE, JOHN M.	
STREET ADDRESS	11501 LOUVRE PLACE	
CITY-ST-ZIP	TAMPA FL 33167	
TITLE	V/D	☐ DELETE
NAME	MOZLEY, WAYNE	
STREET ADDRESS	PO BOX 1138 N/A	
CITY-ST-ZIP	DOUGLASVILLE GA 30133	
TITLE	D	☐ DELETE
NAME	KIRTLEY, WILLIAM T.	
STREET ADDRESS	2014 4TH ST.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	☑ DELETE
NAME	THOME, JAME	
STREET ADDRESS	3733 TOXAWAY CT.	
CITY-ST-ZIP	CHAMBLEE GA 30341	
TITLE	D	☐ DELETE
NAME	FARR, JAME	
STREET ADDRESS	1502 W. FLECHER AVE., STE. 101	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	☐ Change ☑ Addition
1.2 NAME	Thorne, James	
1.3 STREET ADDRESS	3733 Toxaway CT	
1.4 CITY-ST-ZIP	Chamblee GA. 30341	
2.1 TITLE	Chairman of Board / Director	☐ Change ☑ Addition
2.2 NAME	Hoggle, John M	
2.3 STREET ADDRESS	11501 Louvre Pl	
2.4 CITY-ST-ZIP	Tampa, Fl 33617	
3.1 TITLE	President	☐ Change ☑ Addition
3.2 NAME	Paul Costello	
3.3 STREET ADDRESS	P.O. Box 1138 NA	
3.4 CITY-ST-ZIP	Douglasville, Ga. 30133	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE 6/6/97 813 580-2405

CR2E034 (9/96)