

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90107 041 \*\*\*150.00

**DOCUMENT # P95000052928**

1. Entity Name  
**HEART ALERT INCORPORATED**



Principal Place of Business  
**6140 CENTRAL CHURCH RD.  
DOUGLASVILLE GA 30135**

Mailing Address  
**6140 CENTRAL CHURCH RD.  
DOUGLASVILLE GA 30135**

2. Principal Place of Business  
**1100 JOHNSON FERRY RD  
SUITE 1050**

3. Mailing Address  
**1100 JOHNSON FERRY RD  
SUITE 1050**

City & State  
**ATLANTA GA**

City & State  
**ATLANTA GA**

Zip  
**30342**

Country  
**USA**

Zip  
**30342**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3332588**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HOGGLE, JOHN M  
12909 NORTH 56TH STREET  
SUITE 304  
TAMPA FL 33617**

**7. Name and Address of New Registered Agent**

Name **JAMES FARR**  
Street Address (P.O. Box Number is Not Acceptable)  
**1502 W. FLETCHER AVE  
SUITE 101**  
City **TAMPA** FL Zip Code **33612**

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

**1-27-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 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	SD FARR, JAMES 6140 CENTRAL CHURCH RD. DOUGLASVILLE GA 30135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOGGLE, JOHN 6140 CENTRAL CHURCH RD. DOUGLASVILLE GA 30135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D JOHN HOGGLE 1100 JOHNSON FERRY ROAD, SUITE 1050 ATLANTA, GA 30342 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JAMES A. THORNE 1100 JOHNSON FERRY RD, SUITE 1050 ATLANTA, GA 30342 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON R. BAILEY 1100 JOHNSON FERRY RD, SUITE 1050 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES FARR 1100 JOHNSON FERRY RD, SUITE 1050 ATLANTA, GA 30342 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES VAN MOTTOLA 1100 JOHNSON FERRY RD, SUITE 1050 ATLANTA, GA 30342 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANFRED TOENNES 1100 JOHNSON FERRY RD, SUITE 1050 ATLANTA, GA 30342 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-27-03**

Date

**404-847-1722**

Daytime Phone #

CR2E034 (10/02)