

*Amended*

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

FILED  
Sep 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Corporation Name Heart Labs of America, Inc. <i>P96000086626</i>			
Principal Place of Business 1903 S. Congress Avenue Suite 400 Boynton Beach, FL 33426		Mailing Address 1903 S. Congress Avenue Suite 400 Boynton Beach, FL 33426	
2. Principal Place of Business 21 Suite, Apt # etc 22 City & State 23 Zip 24 Country		28. Mailing Address 26 Suite, Apt # etc 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 10/21/1996		3a. Date of Last Report	
4. FEI Number		X Added For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Moore, Linda 1903 S. Congress Avenue Suite 400 Boynton Beach, FL 33426		10. Name and Address of New Registered Agent 81 Name Arthur Kobrin 82 Street Address (P.O. Box Number is Not Acceptable) 1903 S. Congress Avenue 83 Suite 400 84 City Boynton Beach 85 FL 33426	
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 <i>Arthur Kobrin</i> DATE 9/22/97 <small>Signature typed or printed name of registered agent and the corporation (NOTE: Registered Agent's signature required when installing)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CFO <input checked="" type="checkbox"/> DELETE NAME Dawn Drella STREET ADDRESS 1903 S. Congress Avenue, Suite 400 CITY-ST-ZIP Boynton Beach, FL 33426		1.1 TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Paul C. Pershes 1.3 STREET ADDRESS 1903 S. Congress Avenue, Suite 400 1.4 CITY-ST-ZIP Boynton Beach, FL 33426	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Arthur Kobrin 2.3 STREET ADDRESS 1903 S. Congress Avenue, Suite 400 2.4 CITY-ST-ZIP Boynton Beach, FL 33426	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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, if changed, or on an attachment with an address. SIGNATURE <i>Arthur Kobrin</i> DATE 9/22/97			

CR2E034 (9/96)