

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

05 APR -8 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000084067

1. Entity Name
HEARTBEAT CARDIAC SERVICES, INC.



Principal Place of Business
9240 BONITA BEACH RD, STE 2206
BONITA SPRINGS, FL 34135

Mailing Address
9240 BONITA BEACH RD, STE 2206
BONITA SPRINGS, FL 34135



04012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0881468

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREKOS, ZAMOS G
2950 TAMiami TRAIL N. SUITE 16
NAPLES, FL 34103

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME KYRITSIS, ATHINA
STREET ADDRESS 2950 TAMiami TRAIL N. SUITE 16
CITY-ST-ZIP NAPLES, FL 34103

TITLE D
NAME GREKOS, ZANNOS G
STREET ADDRESS 2950 TAMiami TRAIL N. SUITE 16
CITY-ST-ZIP NAPLES, FL 34103

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

000051404700
04/20/05--01050--015 **450.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this report is true and correct, 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 prepare 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 persons empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 April 05 2396494805
Date Daytime Phone #