

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102171

1. Entity Name

CARDIAC EVENT MONITORING OF FLORIDA, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90090 020 ***150.00

Principal Place of Business

Mailing Address

10550 N.W. 77TH CT., STE. #224
GARDENS FL 33016

10550 N.W. 77TH CT., STE. #224
HIALEAH GARDENS FL 33016

2. Principal Place of Business

15175 EAGLE NEST LN.

3. Mailing Address

15175 EAGLE NEST LN.

Suite, Apt. #, etc.

SUITE # 108

Suite, Apt. #, etc.

SUITE # 108

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

4. FEI Number

65-0963374

Applied For

Not Applicable

Zip

Country

33014 U.S.

Zip

Country

33014 U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILA, MANUEL M

10550 N.W. 77TH CT., STE. #224
HIALEAH GARDENS FL 33016

Name

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

15175 EAGLE NEST LN, SUITE # 108

City

MIAMI LAKES

FL

Zip Code

33014

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.

SIGNATURE

MANUEL M. VILA PRESIDENT

4/19/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST
NAME VILA, MANUEL M
STREET ADDRESS 10550 N.W. 77TH CT., STE. #224
CITY-ST-ZIP HIALEAH GARDENS FL 33016

TITLE
NAME
STREET ADDRESS 15175 EAGLE NEST LN, SUITE # 108
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE D
NAME VILA, MANUEL M
STREET ADDRESS 10550 N.W. 77TH CT., STE. #224
CITY-ST-ZIP HIALEAH GARDENS FL 33016

TITLE
NAME
STREET ADDRESS 15175 EAGLE NEST LN, SUITE 108
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13. 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 11 or Block 12 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

Date

Daytime Phone #

MANUEL M. VILA PRESIDENT

4/18/00 (325) 824-1107