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DENDINGER II REX M

Form 3

February 06, 2006

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL

OMB Number:

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SECURITIESFiled pursuant to Section 16(a) of the Securities Exchange Act of 1934,

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person * Statement PATIENT INFOSYSTEMS INC [PATY] DENDINGER II REX M (Month/Day/Year) 01/25/2006 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) C/O PATIENT INFOSYSTEMS, (Check all applicable) INC., 12301 NW 39TH STREET 10% Owner Director (Street) _X__ Officer Other 6. Individual or Joint/Group (give title below) (specify below) Filing(Check Applicable Line) Chief Information Officer, SVP _X_ Form filed by One Reporting Person CORAL _ Form filed by More than One SPRINGS, Â FLÂ 33065 Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security 2. Amount of Securities 3. 4. Nature of Indirect Beneficial Beneficially Owned (Instr. 4) Ownership Ownership (Instr. 5) (Instr. 4) Form: Direct (D) or Indirect

Reminder: Report on a separate line for each class of securities beneficially

owned directly or indirectly.

No securities beneficially owned

SEC 1473 (7-02)

D

Â

(I) (Instr. 5)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| (Instr. 4) Price of Derivative Security Derivative Security Derivative Security: | 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | | 6. Nature of Indired Beneficial Owners (Instr. 5) |
|--|--|--|--|--|--|---|
|--|--|--|--|--|--|---|

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Date Expiration Title Amount or Security Direct (D)

Exercisable Date Number of Shares (I)

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

DENDINGER II REX M C/O PATIENT INFOSYSTEMS, INC. 12301 NW 39TH STREET CORAL SPRINGS, FLÂ 33065

 \hat{A} \hat{A} \hat{A} Chief Information Officer, SVP \hat{A}

Signatures

/s/Rex Dendinger II 02/02/2006

**Signature of Date Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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