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

Block 12 or Block 13 if changed, or on an attachment with an address.

**FILED** May 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (0)EKG, INC. Principal Place of Business Mailing Address 27129 ROBERTSON ROAD 27129 ROBERTSON ROAD YALAHA FL 34797 YALAHA FL 34797 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/05/1979 2, Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 25654 S.E. 26 59-2530564 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Ountry U.S.A. 8. This corporation owes or has paid the currept year Intangible Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A1 Name GORDON, EVELYN 27129 ROBERTSON RD. 82 Street Address (P.O. Box Number is Not Acceptable) YALAHA FL 34797 В3 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NO1) Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE GORDON, EVELYN (ADAM). NAME 1.2 NAME Masl Addres 27129 ROBERTSON RD. STREET ADDRESS 1.3 STREET YALAHA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2 1 TITLE JOYCE, MARY A. NAME 22 NAME [Mail Allress] 27129 ROBERTSON RD. STREET ADDRESS 2 3 STREET ADDRESS YALAHA FL CITY-ST-ZIP 2 4 CITY-ST-7IP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - S1 - ZIP 14. Thereby 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

4/0/00

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