FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G08390** **(8)**

1. Corporation Name

MIAMI HEART ELECTROCARDIOGRAM READERS, P.A.

Principal Place of Business	Mailing Address
4701 N MERIDIAN AVE HEART STATION. 4424 MIAMI BEACH FL 33140 US	4701 N MERIDIAN AVE HEART STATION. #4424 MIAMI BEACH FL 33140 US

3. Date Incorporated or Qualified: **11/11/1982**
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business — 21 Street Address; 22 Suite, Apt. # etc.; 23 City & State; 24 Zip; 25 Country

2a. Mailing Address — 26 Street Address; 27 Suite, Apt. # etc.; 28 City & State; 29 Zip; 30 Country

4. FEI Number: **59-2234948** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LONDON, ROSE E. MD
4701 N MERIDIAN AVE
RM 4425
MIAMI BCH. FL 33140

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.1508, 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 (Must be signature of new registered agent if agent is being changed) DATE

12. OFFICERS AND DIRECTORS

1 TYPE NAME STREET ADDRESS CITY-ST-ZIP	P LONDON, ROSE MD 1688 MERIDIAN AVE MIAMI BCH. FL	☐ DELETE
2 TYPE NAME STREET ADDRESS CITY-ST-ZIP	V SOLOMON, LAWRENCE M.D. 333 ARTHUR GODFREY RD. #614 MIAMI BEACH FL	☒ DELETE
3 TYPE NAME STREET ADDRESS CITY-ST-ZIP	S HYMAN, ALAN MD 333 ARTHUR GODFREY RD MIAMI BCH. FL	☒ DELETE
4 TYPE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
5 TYPE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
6 TYPE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TYPE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		☐ Change ☐ Addition
2 TYPE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	V KIRPALANI, BHAGWAN M.D. 1688 MERIDIAN AVE. MIAMI BEACH, FL.33139	☐ Change ☐ Addition
3 TYPE 3 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	S IYENGAR, RAMANUJA M.D. 250 WEST 63rd STREET SUITE B MIAMI BEACH, FL 33141	☐ Change ☐ Addition
4 TYPE 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP	T SOLOMON, LAWRENCE M.D. 333 ARTHUR GODFREY RD. # 614 MIAMI BEACH, FL. 33140	☐ Change ☐ Addition
5 TYPE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP		☐ Change ☐ Addition
6 TYPE 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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 added to this report.

SIGNATURE: Rose E. London MD (305) 538-6218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

2-5-96

CR2E034 (12/95)