

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State
 03-27-2002 90027 013 ***150.00

DOCUMENT # G08390

1. Entity 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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-2234948	<input type="checkbox"/> Not Applicable

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

6. Name and Address of Current Registered Agent

**KIRPALANI, BHAGWAN M.
4701 N MERIDIAN AVE
RM 4425
MIAMI BCH. FL 33140**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	KIRPALANI, BHAGWAN MD	
STREET ADDRESS	1688 MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SOLOMON, LAWRENCE M.D.	
STREET ADDRESS	333 ARTHUR GODFREY RD #614	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	COELHO, ALDO	
STREET ADDRESS	2999 N.E. 191ST #260	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	
TITLE	T	<input type="checkbox"/> Delete
NAME	HYMON, ALAN	
STREET ADDRESS	333 ARTHUR GODFREY RD. #514	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kirpalani, Bhagwan MD	
STREET ADDRESS	1630 BAY DRIVE	
CITY-ST-ZIP	MIAMI BEACH, FL, 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S. Coelho, Aldo MD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2845 Aventura Blvd, suite	
STREET ADDRESS	Aventura, Fe, 33180	
CITY-ST-ZIP	240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2/21/02

Date Daytime Phone #

CR2E034 (9/01)