
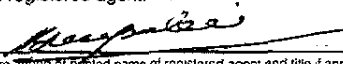


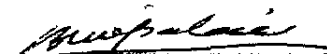
# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 15, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # G08390</b>					
1. Entity Name MIAMI HEART ELECTROCARDIOGRAM READERS, P.A.					
Principal Place of Business 4701 N MERIDIAN AVE HEART STATION, 4424 MIAMI BEACH FL 33140 US			Mailing Address 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		
Zip	Country	Zip	Country	4. FEI Number 59-2234948	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		President		3/5/04	
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reissuing)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KIRPALANI, BHAGWAN MD 1630 BAY DRIVE MIAMI BEACH FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000088734 03/15/04-80062-016 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SOLOMON, LAWRENCE M.D. 333 ARTHUR GODFREY RD #614 MIAMI BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COELHO, ALDO 2845 AVENTURE BLVD STE 240 AVENTURE FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HYMON, ALAN 333 ARTHUR GODFREY RD. #514 MIAMI BEACH FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  President 3/5/04 (305) 5353605  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #