

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G08390

FILED
Apr 15, 2005
Secretary of State

Entity Name: MIAMI HEART ELECTROCARDIOGRAM READERS, P.A.

Current Principal Place of Business:

4701 N MERIDIAN AVE
HEART STATION, 4424
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

4701 N MERIDIAN AVE
HEART STATION, #4424
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 59-2234948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KIRPALANI, BHAGWAN MD
Address: 1630 BAY DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

Title: V () Delete
Name: SOLOMON, LAWRENCE M.D.
Address: 333 ARTHUR GODFREY RD #614
City-St-Zip: MIAMI BEACH, FL

Title: S () Delete
Name: COELHO, ALDO M.D. PA
Address: 2845 AVENTURE BLVD STE 240
City-St-Zip: AVENTURE, FL 33180

Title: T () Delete
Name: HYMON, ALAN
Address: 333 ARTHUR GODFREY RD. #514
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIRPALANI, BHAGWAN MD

P

04/15/2005

Electronic Signature of Signing Officer or Director

_____ Date