

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90033 031 ***150.00

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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~~ 3rd floor
MIAMI BEACH, FL 33140 US

40030000



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2234948

Applied For

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
HEART STATION 3rd floor
MIAMI BCH., FL 33140

**DO NOT WRITE
IN THIS SPACE**

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

B. U. Kirpalani B. U. KIRPALANI Officer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

1/27/07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KIRPALANI, BHAGWAN MD
STREET ADDRESS	1630 BAY DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	V
NAME	SOLOMON, LAWRENCE M.D.
STREET ADDRESS	333 ARTHUR GODFREY RD #614
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	S
NAME	COELHO, ALDO M.D. PA
STREET ADDRESS	2845 AVVENTURE BLVD STE 240
CITY-ST-ZIP	AVVENTURE, FL 33180
TITLE	T
NAME	HYMON, ALAN
STREET ADDRESS	333 ARTHUR GODFREY RD. #514
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

B. U. Kirpalani B. U. KIRPALANI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/27/2007

Daytime Phone #

(305) 538 5051