

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # G08390

1. Entity Name

ECG READERS ASSOCIATES M.H.I. (MIAMI HEART
INSTITUTE), P.A.



Principal Place of Business

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

Mailing Address

C/O B.U. KIRPALANI
1630 BAY DR
MIAMI BEACH, FL 33141 US



04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0402836

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE 05/01/08

05/01/08-80003-011 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 O
NAME JONAS, IVAN MD
STREET ADDRESS 4300 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE O
NAME KUTNER, ALAN MD
STREET ADDRESS 4300 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *X Kirpalani Bhagwan M* (KIRPALANI BHAGWAN M)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/11/08 *X* (305) 538-5051
Date Daytime Phone #