2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# G63678

Entity Name: NORTHSHORE EKG ASSOCIATES, INC.

Current Principal Place of Business:

P. O. BOX 694506
MIAMI, FL 332698506

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 694506
MIAMI, FL 332698506

New Mailing Address:

FEI Number: 59-2324519 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZEIDMAN, SEYMOUR
5738 W HALLANDALE BLVD.
HOLLYWOOD, FL 33023

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: DP ( ) Delete
Name: CENTURION, JOSE
Address: P.O. BOX 530096
City-St-Zip: MIAMI SHORES, FL

Title: DST ( ) Delete
Name: KAPLAN, NEIL,
Address: 9999NE 2ND AVE
City-St-Zip: MIAMI, FL 33138,

Title: DVP ( ) Delete
Name: ALDRICH, JUAN,
Address: 3661 SO MIAMI AVENUE
City-St-Zip: MIAMI, FL 33133,

Title: D ( ) Delete
Name: SHAYKER, CHANDER,
Address: 9999 NE 2ND AVE #112
City-St-Zip: MIAMI, FL 33138,

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: JOSE CENTURION DP 04/16/2004

Electronic Signature of Signing Officer or Director — Date