

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G63678

FILED  
Apr 26, 2006  
Secretary of State

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 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: 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 Chapter 119, 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

D

04/26/2006

Electronic Signature of Signing Officer or Director

Date