

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90061 020 ***150.00

DOCUMENT # J51157

1. Entity Name

PINELLAS EKG INTERPRETERS, INC.



Principal Place of Business

% WILLIAM S. JONASSEN
10785 ULMERTON RD
LARGO FL 33778
US

Mailing Address

% WILLIAM S. JONASSEN
10785 ULMERTON RD
LARGO FL 33778
US

2. Principal Place of Business

604 Druid Rd. E.
Suite, Apt. #, etc.

3. Mailing Address

604 Druid Rd. E.
Suite, Apt. #, etc.

City & State

Clearwater, Fl 33756

Zip Country

City & State

Clearwater, Fl. 33756

Zip Country

4. FEI Number

59-2766165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONASSEN, WILLIAM S.
10785 ULMERTON RD
LARGO FL 33778

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

604 Druid Road E.

City

Clearwater

FL

Zip Code

33756

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Martin H. Schweitzer
1206 Court Street
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Clearwater, Fl. 33758
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Mahesh Amin, M.D.
1206 Court Street
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Clearwater, FL 33756
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath. 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 is in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mahesh Amin M.D.

Date

Daytime Phone #

2/11/05

Sign Here

727-441-8663