

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J73281

FILED
Jul 29, 2009
Secretary of State**Entity Name:** HOLLYWOOD MEDICAL CENTER EKG ASSOCIATES PA**Current Principal Place of Business:**1150 N 35 AVE
SUITE 605
HOLLYWOOD, FL 33021 US**New Principal Place of Business:**1150 N 35TH AVENUE
SUITE 605
HOLLYWOOD, FL 33021 US**Current Mailing Address:**8660 W. FLAGLER ST.
SUITE 200
MIAMI, FL 33144**New Mailing Address:**1150 N 35TH AVENUE
SUITE 605
HOLLYWOOD, FL 33021 US**FEI Number:** 59-2800669**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LORN LEITMAN CPA PA
8660 W. FLAGLER ST
SUITE 200
MIAMI, FL 33144 US**Name and Address of New Registered Agent:**CARDIOVASCULAR CONSULTANTS OF SOUTH FL
1150 N 35TH AVE
SUITE 605
HOLLYWOOD, FL 33021 US

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: ETHAN SIEV MD

07/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERLIN, HOWARD MD
Address: 1150 N. 35 AVE., SUITE 605
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: LEITMAN, LORN
Address: 8660 W. FLAGLER ST., SUITE 200
City-St-Zip: MIAMI, FL 33144

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BERLIN, HOWARD MD
Address: 1150 N. 35 AVE., SUITE 605
City-St-Zip: HOLLYWOOD, FL 33021

Title: D (X) Change () Addition
Name: ETHAN, SIEV MD
Address: 1150 N 35 AVE SUITE 605
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Change (X) Addition
Name: ENTENBERG, MICHAEL MD
Address: 1150 N 35 AVE SUITE 605
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify 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: ETHAN SIEV MD

D

07/29/2009

Electronic Signature of Signing Officer or Director

Date