

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J73281

FILED  
Apr 07, 2010  
Secretary of State

**Entity Name:** HOLLYWOOD MEDICAL CENTER EKG ASSOCIATES PA

**Current Principal Place of Business:**

1150 N 35TH AVENUE  
SUITE 605  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

3600 WASHINGTON BLVD  
EKG READERS PANEL  
HOLLYWOOD, FL 33020 US

**Current Mailing Address:**

1150 N 35TH AVENUE  
SUITE 605  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

PO BOX 402184  
ATLANTA, GA 30384 US

**FEI Number:** 59-2800669

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARDIOVASCULAR CONSULTANTS OF SOUTH FL  
1150 N 35TH AVE  
SUITE 605  
HOLLYWOOD, FL 33021 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: P  
Name: BERLIN, HOWARD MD  
Address: 1150 N. 35 AVE., SUITE 605  
City-St-Zip: HOLLYWOOD, FL 33021

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

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

I hereby 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 all other like empowered.

SIGNATURE: ETHAN SIEV MD

D

04/07/2010

Electronic Signature of Signing Officer or Director

Date