

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K69521 (8)
1. Corporation Name
NORTH RIDGE EKG ASSOCIATES, P.A.



Principal Place of Business
C/O ARTHUR DRUJAK, C.P.A.
3890 W. COMMERCIAL BLVD., SUITE 217
FT. LAUDERDALE FL 33309-0326
US

Mailing Address
C/O ARTHUR DRUJAK, C.P.A.
3890 W. COMMERCIAL BLVD., SUITE 217
FT. LAUDERDALE FL 33309-0326
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/28/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0126527	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FLIGNOR, WILLIAM A. M.D.
5601 N. DIXIE HWY
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name Alfred J Alvarez, MD
82 Street Address (P.O. Box Number is Not Acceptable) 1880 E Commercial Blvd
83
84 City Ft Lauderdale FL 85 Zip Code 33308

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	FLIGNOR, WILLIAM A., M.D.	1.2 NAME	Alfred J Alvarez, MD
STREET ADDRESS	5601 N DIXIE HWY	1.3 STREET ADDRESS	1880 E Commercial Blvd
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft Lauderdale, FL 33308
TITLE	SD	2.1 TITLE	SD
NAME	FLORES, JORGE A., M.D.	2.2 NAME	Bart musial, MD
STREET ADDRESS	5700 N FED HWY	2.3 STREET ADDRESS	1880 E Commercial Blvd
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft Lauderdale, FL 33308
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the executor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Alfred J Alvarez MD

1/30/98

CR2E034 (10/97)