


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT# L01000013126 1. Entity Name GOLD COAST EKG CONSULTANTS, L.L.C.	
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Principal Place of Business 200 KNUTH ROAD, SUITE 200 BOYNTON BEACH, FL 33436	Mailing Address 200 KNUTH ROAD, SUITE 200 BOYNTON BEACH, FL 33436
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1145436	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NICHOLS, L. WESLEY
11380 PROSPERITY FARMS ROAD, SUITE 204
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYER, KEITH D MD 1411 N FLAGLER DR, SUITE 9500 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEISTMAN, THOMAS 5405 OKEECHOBEE BLVD STE 306 WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KACHEL, RICHARD G MD 1401 FORUM WAY, SUITE 300 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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03/13/07-80035-001 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **2/27/07** **561-630-8915**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #