

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000023727

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** WEST BOCA EKG READERS, LLC

**Current Principal Place of Business:**

21644 STATE ROAD 7  
EKG READERS PANEL  
BOCA RATON, FL 33428 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 919303  
ORLANDO, FL 32891 US

**New Mailing Address:**

**FEI Number:** 20-0065641

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADVANCED CLAIMS PROCESSING INC  
1700 NW 66TH AVE  
SUITE 117  
PLANTATION, FL 33313 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

**MANAGING MEMBERS/MANAGERS:**

**Title:** P  
**Name:** FUNT, DAVID MD  
**Address:** 9980 CENTRAL PARK BLVD #304  
**City-St-Zip:** BOCA RATON, FL 33428 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** DAVID FUNT MD

P

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date