

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90262 050 \*\*\*150.00

**DOCUMENT # L91536**

1. Entity Name

MOBILE RADIOLOGY AND EKG SERVICE, INC.



Principal Place of Business

13773 ICOT BLVD  
502  
CLEARWATER, FL 33760

Mailing Address

PO BOX 17159  
CLEARWATER, FL 33762-0159

**20045950**



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3022423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CARTWRIGHT, RANDALL  
13773 ICOT BLVD SUITE 502  
CLEARWATER, FL 33760

**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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD  
NAME KLEMMETT, BELT L  
STREET ADDRESS 13773 ICOT BLVD SUITE 502  
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE PTSD  
NAME CARTWRIGHT, RANDALL  
STREET ADDRESS 13773 ICOT BLVD SUITE 502  
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #