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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M99013

(8)

K.R.C.E. EKG READERS, P.A.

FILED Apr 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address % RICHARD G. KACHEL. M.D. % RICHARD G. KACHEL, M.D. 1401 FORUM WAY, #300A 1401 FORUM WAY, #300A WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/16/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0089052 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes ☐ No 30 Personal Property Tax due June 30. 24 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KACHEL, RICHARD G 81 1401 FORUM WAY 82 Street Address (P.O. Box Number is Not Acceptable) #300A 83 WEST PALM BEACH FL 33401 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607,0502 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. □ DELETE 1.1 TITLE Change Addition TITLE KACHEL, RICHARD G 1.2 NAME CR2E034 NAME 1401 FORUM WAY #300A STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 1.4 CITY - ST - 2IP DELETE Addition 2.1 THUE Change TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 6.1 THEF NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 eath; 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 12 or Block 13 if changed, or on an attachment with an address.