2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# P00000011450

Entity Name: UNIVERSITY HOSPITAL EKG READERS, INC.

Current Principal Place of Business:

8660 W. FLAGLER ST.
#200
MIAMI, FL 33144

New Principal Place of Business:

8660 W. FLAGLER ST.
#200
MIAMI, FL 33144 US

Current Mailing Address:

8660 W. FLAGLER ST.
#200
MIAMI, FL 33144

New Mailing Address:

8660 W. FLAGLER ST.
#200
MIAMI, FL 33144 US

FEI Number: 65-0989157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEITMAN, LORN
8660 W. FLAGLER ST.
#200
MIAMI, FL 33144 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WARNER, BARRY M.D.
Address: 7421 NORTH UNIVERSITY DRIVE SUITE 305
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete
Name: LEITMAN, LORN
Address: 791 CRANDON BLVD.,#1508
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WARNER, BARRY M.D.
Address: 7421 NORTH UNIVERSITY DRIVE SUITE 305
City-St-Zip: TAMARAC, FL 33321 US

Title: D (X) Change ( ) Addition
Name: LEITMAN, LORN
Address: 791 CRANDON BLVD.,#1508
City-St-Zip: KEY BISCAYNE, FL 33149 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORN LEITMAN D 03/05/2009

Electronic Signature of Signing Officer or Director Date