

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90032 041 ***150.00

DOCUMENT # P02000052711

1. Entity Name
 BISCAYNE EKG ASSOCIATES, INC.



Principal Place of Business
 7700 NORTH KENDALL DRIVE STE 405
 MIAMI, FL 33156

Mailing Address
 7700 NORTH KENDALL DRIVE STE 405
 MIAMI, FL 33156

60016334



2. Principal Place of Business
 8660 W. FLAGLER ST
 Suite, Apt. #, etc. #200

3. Mailing Address
 8660 W. FLAGLER ST
 Suite, Apt. #, etc. #200

01102006 Chg-P CR2E034 (11/05)

City & State
 MIAMI FL

City & State
 MIAMI FL

4. FEI Number
 59-2226121

Applied For
 Not Applicable

Zip Country
 33144 USA

Zip Country
 33144 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEITMAN, LORN
 7700 NORTH KENDALL DRIVE STE 405
 MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name LORN LEITMAN
 Street Address (P.O. Box Number is Not Acceptable)
 8660 W. FLAGLER ST, #200
 City MIAMI FL Zip Code 33144

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D Delete
 NAME LEITMAN, LORN
 STREET ADDRESS 791 CRANDON BLVD. 907
 CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE P Delete
 NAME BERNSTEIN, STANLEY
 STREET ADDRESS 2500 E HALLANDALE BEACH BLVD
 CITY-ST-ZIP HALLANDALE, FL 33009

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS 8660 W. FLAGLER ST, #200
 CITY-ST-ZIP MIAMI FL 33144

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

(Lorn Leitman)

2/12/06 305-222-5176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #