


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000052711**

1. Entity Name  
**BISCAYNE EKG ASSOCIATES, INC.**



Principal Place of Business <b>8660 W FLAGLER ST          # 200          MIAMI, FL 33144</b>	Mailing Address <b>8660 W FLAGLER ST          # 200          MIAMI, FL 33144</b>
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2226121</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	NAME LEITMAN, LORN
STREET ADDRESS 8660 W FLAGLER ST, # 200	CITY - ST - ZIP MIAMI, FL 33144
TITLE P	NAME BERNSTEIN, STANLEY
STREET ADDRESS 2500 E HALLANDALE BEACH BLVD	CITY - ST - ZIP HALLANDALE, FL 33009
TITLE NAME	STREET ADDRESS CITY - ST - ZIP
TITLE NAME	STREET ADDRESS CITY - ST - ZIP
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000001865108  
 04/07/08-80015-015 150.00

**DO NOT WRITE IN THIS SPACE**

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* Director 3/18/08 305-222-5176  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #