

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 03, 2009
Secretary of State**

DOCUMENT# P02000052711

Entity Name: BISCAYNE EKG ASSOCIATES, INC.

Current Principal Place of Business:

8660 W FLAGLER ST
200
MIAMI, FL 33144 US

New Principal Place of Business:

2500 E HALLANDALE BEACH BLVD
SUITE Q R
HALLANDALE BEACH, FL 33009 US

Current Mailing Address:

8660 W FLAGLER ST
200
MIAMI, FL 33144 US

New Mailing Address:

2500 E HALLANDALE BEACH BLVD
SUITE Q R
HALLANDALE BEACH, FL 33009 US

FEI Number: 59-2226121 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:

EVER & COMPANY PA
500 E BROWARD BLVD
SUITE 850
FORT LAUDERDALE, FL 33394 US

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: NORMA BERKMAN 08/03/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEITMAN, LORN
Address: 8660 W FLAGLER ST, # 200
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROTH, LEON MD
Address: 2500 E HALLANDALE BEACH BLVD STE Q R
City-St-Zip: HALLANDALE, FL 33009

Title: P () Delete
Name: BERNSTEIN, STANLEY
Address: 2500 E HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE, FL 33009

Title: D (X) Change () Addition
Name: SPIVACK, ERIC M MD
Address: 21110 BISCAYNE BLVD STE 208
City-St-Zip: AVENTURA, FL 33180

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: LEON ROTH MD P 08/03/2009
Electronic Signature of Signing Officer or Director Date