

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90002 022 ***150.00

DOCUMENT # P03000042269	
1. Entity Name CORAL SPRINGS EKG READERS, INC.	



Principal Place of Business 7700 NORTH KENDALL DRIVE, SUITE 405 MIAMI, FL 33156	Mailing Address 7700 NORTH KENDALL DRIVE, SUITE 405 MIAMI, FL 33156
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2. Principal Place of Business 8660 W. FLAGLER ST Suite, Apt. #, etc. #200	3. Mailing Address 8660 W. FLAGLER ST Suite, Apt. #, etc. #200
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City & State MIAMI FL	City & State MIAMI FL
Zip 33144	Country USA

01102006 Chg-P CR2E034 (11/05)



4. FEI Number 06-1689446	Applicable Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEITMAN, LORN 7700 NORTH KENDALL DRIVE, SUITE 405 MIAMI, FL 33156
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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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEITMAN, LORN 791 CRANDON BLVD. #907 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALAMON, BENNETT 8130 ROYAL PALM BLVD. #201 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENDER, KEVIN 7707 N. UNIVERSITY DR. #107 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 791 CRANDON BLVD, #1508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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: <i>[Signature]</i> (Lorn Leitman) <i>[Signature]</i>	Date: 1/26/06	Daytime Phone #: 305-227-5726
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