


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000042269</b> 1. Entity Name CORAL SPRINGS EKG READERS, INC.	
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Principal Place of Business 8660 W FLAGLER ST # 200 MIAMI, FL 33144	Mailing Address 8660 W FLAGLER ST # 200 MIAMI, FL 33144
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1689446	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LEITMAN, LORN 8660 W FLAGLER ST # 200 MIAMI, FL 33144
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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. # 1508 KEY BISCAVNE, 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	

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04/22/08-80060-013 150.00

**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 4/8/08 305-227-5176	Date	Daytime Phone #
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