

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000042269

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** CORAL SPRINGS EKG READERS, INC.

**Current Principal Place of Business:**

3000 CORAL HILLS DRIVE  
EKG READERS PANEL  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 198334  
ATLANTA, GA 30384 US

**New Mailing Address:**

**FEI Number:** 06-1689446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADVANCED CLAIMS PROCESSING, INC  
1700 NW 66TH AVE  
SUITE 117  
PLANTATION, FL 33313 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SALAMON, BENNETT MD  
**Address:** 8130 ROYAL PALM BLVD SUITE 201  
**City-St-Zip:** CORAL SPRINGS, FL 33065 US

**Title:** VD  
**Name:** BENDER, KEVIN MD  
**Address:** 7707 N UNIVERSITY DRIVE SUITE 107  
**City-St-Zip:** TAMARAC, FL 33321

I hereby 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 all other like empowered.

**SIGNATURE:** BENNET SALAMON MD

P

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date