01-09-2006 90038 023 ***150.00
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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000076815

1. Entity Name
MSMC ECG READERS ASSOCIATES, PA

FILED
06 FEB 27 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O PESTANO & ASSOCIATES PA 7758 NW 44 ST SUNRISE, FL 33351	C/O PESTANO & ASSOCIATES PA 7758 NW 44 ST SUNRISE, FL 33351

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02052006 Chg-P CR2E034 (11/05)

4. FEI Number 58-2680752 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PESTANO, ANTOLIN JR. 7758 NW 44 ST SUNRISE, FL 33351	Name: YVETTE PESTANO Street Address (P.O. Box Number is Not Acceptable): 7758 NW 44 ST City: SUNRISE FL Zip Code: 33351

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] YVETTE PESTANO
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: HYNMAN, ALAN STREET ADDRESS: 333 41 ST STE 514 CITY-ST-ZIP: MIAMI BCH, FL 33140	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: VD NAME: SAMET, PHILIP STREET ADDRESS: 4300 ALTON RD CITY-ST-ZIP: MIAMI BCH, FL 33140	☐ Delete	TITLE: PD NAME: Samet Philip STREET ADDRESS: 4300 Alton Rd CITY-ST-ZIP: Miami Beach FL 33140	☒ Change ☐ Addition
TITLE: VD NAME: GLICKSMAN, FRANCES L STREET ADDRESS: 4300 ALTON RD STE 105 CITY-ST-ZIP: MIAMI BCH, FL 33140	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #