


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

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| <b>DOCUMENT # P06000082122</b><br>1. Entity Name<br><b>BROWARD GENERAL EKG ASSOCIATES, INC.</b> |  |
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| Principal Place of Business<br><b>8660 WEST FLAGLER STREET<br/>SUITE 200<br/>MIAMI, FL 33144 US</b> | Mailing Address<br><b>8660 WEST FLAGLER STREET<br/>SUITE 200<br/>MIAMI, FL 33144 US</b> |
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01072008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number<br><b>20-5052485</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 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<br><br><b>LEITMAN, LORN<br/>8660 WEST FLAGLER ST<br/>SUITE 200<br/>MIAMI, FL 33144</b> |
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| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small> |
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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>KUYKENDALL, GERALD MD<br>2415 INLET DR<br>FT. LAUDEDALE, FL 33316  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>REEDER, ROBERT MD<br>3015 CENTER AVE<br>FT. LAUDERDALE, FL 33308   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>GASTESI, ROMAN MD<br>1784 MARIETTA DR.<br>FT. LAUDERDALE, FL 33316 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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04/07/08-80015-017 150.00

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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.<br><br><b>SIGNATURE: <u>Gerald Kuykendall</u> AD GERALD KUYKENDALL MD 3/13/08 204 4634383</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> |
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