2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 29, 2009
Secretary of State

DOCUMENT# P06000082122

Entity Name: BROWARD GENERAL EKG ASSOCIATES, INC.

Current Principal Place of Business:

8660 WEST FLAGLER STREET
SUITE 200
MIAMI, FL 33144 US

New Principal Place of Business:

5701 N. PINE ISLAND RD.
SUITE 200
TAMARAC, FL 33321 US

Current Mailing Address:

8660 WEST FLAGLER STREET
SUITE 200
MIAMI, FL 33144 US

New Mailing Address:

5701 N. PINE ISLAND RD.
SUITE 200
TAMARAC, FL 33321 US

FEI Number: 20-5052485 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEITMAN, LORN
8660 WEST FLAGLER ST
SUITE 200
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

GONZALEZ, EDWIN JR.
5701 N. PINE ISLAND RD.
SUITE 200
TAMARAC, FL 33321 US

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: EDWIN GONZALEZ, JR. 07/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KUYKENDALL, GERALD MD
Address: 2415 INLET DR
City-St-Zip: FT. LAUDEDALE, FL 33316 US

Title: TD ( ) Delete
Name: REEDER, ROBERT MD
Address: 3015 CENTER AVE
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: SD ( ) Delete
Name: GASTESI, ROMAN MD
Address: 1784 MARIETTA DR.
City-St-Zip: FT. LAUDERDALE, FL 33316 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GERALD KUYKENDALL PD 07/29/2009
Electronic Signature of Signing Officer or Director Date