

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000082323

1. Entity Name
NORTH BROWARD EKG ASSOCIATES, INC.



Principal Place of Business
8660 WEST FLAGLER STREET
SUITE 200
MIAMI, FL 33144 US

Mailing Address
8660 WEST FLAGLER STREET
SUITE 200
MIAMI, FL 33144 US



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5059998

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEITMAN, LORN
8660 WEST FLAGLER STREET
SUITE 200
MIAMI, FL 33144

**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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DENNIS, JEFFREY MD
STREET ADDRESS	3301 NE 58 STREET
CITY- ST- ZIP	FT. LAUDERDALE, FL 33308
TITLE	VPD
NAME	ALTSCHULER, HAROLD MD
STREET ADDRESS	4400 NE 31 AVE
CITY- ST- ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	D
NAME	LEITMAN, LORN
STREET ADDRESS	8660 W. FLAGLER ST. #200
CITY- ST- ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000958642
04/01/08-80052-025 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lorn Leitman 3/10/08 305-227-0726