

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 SEP 16 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000047743 (7)

1. Corporation Name

WESTSIDE EKG ASSOCIATES, P.A.

Principal Place of Business

8201 W. BROWARD BLVD.
PLANTATION FL 33324

Mailing Address

8201 W. BROWARD BLVD.
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0503198

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 DEPT. 215165

22 City & State

27 City & State

23 Zip

25 Country

28 Miami, FL.

29 33121

30 U.S.

9. Name and Address of Current Registered Agent

PELLER, OWEN G
333 N.W. 70TH AVE.
SUITE 116
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PELLER, OWEN G
STREET ADDRESS 333 N.W. 70TH AVE, SUITE 116
CITY-ST-ZIP PLANTATION FL 33317

TITLE ☐ DELETE

NAME FERNANDEZ, HILAIRE L
STREET ADDRESS 7050 N.W. 4TH STREET, SUITE 101
CITY-ST-ZIP PLANTATION FL 33317

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

000002297840
-09/19/97--01050--014
****165.00 ****165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (4/97)

(2)

Westside EKG Associates
Department 215165
Miami, Florida 33121-5165
(954)747-9910

September 12, 1997

Florida Department of State
Annual Reports Section
PO Box 1500
Tallahassee, Florida 32302-1500

RE: FEI #65-0503198

To Whom It May Concern:

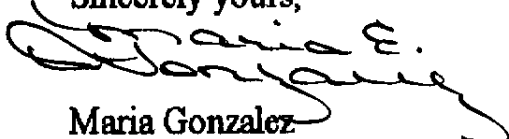
Attached please find our Corporate Annual Report with our check for \$165.00. I called your office regarding a second notice which was sent to the hospital, Westside Regional Hospital. We do not have an actual office in the hospital and as such the original notice was lost and this second notice was severely delayed in getting into the proper hands.

Please update your records so that any future notices for this report are mailed to:

Westside EKG Associates
Department 215165
Miami, Florida 33121-5165

The above address is a lockbox address at our bank. Any documents sent to the bank are mailed to us directly thus avoiding the potential for lost mail. We respectfully ask that you waive the late fee due to the above situation.

Sincerely yours,


Maria Gonzalez
Billing Manager