

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90870 013 ***150.00

DOCUMENT # **P94000047743**
1. Entity Name
Westside EKG Associates, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8201 W. Broward Blvd. Suite, Apt. #, etc.		3. Mailing Address Dept 215165 Suite, Apt. #, etc.	
City & State Plantation, Fl.		City & State Miami, Fl.	
Zip 33324	Country USA	Zip 33121-5165	Country USA

80054138

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0503198	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Owen G. Peller, M.D.	
Street Address (P.O. Box Number is Not Acceptable) 333 N.W. 70th Avenue	
Suite Suite 116	
City Plantation	Zip Code FL 33317

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peller, Owen G. 333 N.W. 70th Avenue, Suite 116 Plantation, Fl. 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fernandes, Hilaire L. 7050 N.W. 4th Street #101 Plantation, Fl. 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shulman, Joel 333 N.W. 70th Avenue, #116 Plantation, Fl. 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kersh, Robert 333 N.W. 70th Avenue, #116 Plantation, Fl. 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jancko, Joel 7050 N.W. 7th Street, #101 Plantation, Fl. 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Seth, Raghav 7050 N.W. 7th Street, #101 Plantation, Fl. 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I 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 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 11 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 #

3/11/02 954 5816041

CR2E034B (12/01)