## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000047743

Entity Name: WESTSIDE EKG ASSOCIATES, P.A.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
	ROWARD BL\ DN, FL 33324				
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
DEPT 918625 ORLANDO, FL 32891					
FEI Number:	65-0503198	FEI Number Applied For()	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
PELLER, OWEN G 333 N.W. 70TH AVE. SUITE 116 PLANTATION, FL 33317 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:					
		ic Signature of Registered Agen	t	Date	
Election Cam	paign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PELLER, OWE	AVE, SUITE 116	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	FERNANDEZ, H	STREET, SUITE 101	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SHULMAN, JOE	'ENUE, SUITE 116	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	KERSH, ROBEI	AVENUE, SUITE 116	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	JANKO, JOEL	Delete STREET, SUITE 101 L 33317	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SETH, RAGHAN	STREET, SUITE 101	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: OWEN G PELLER, M.D. D 04/27/2007