

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000047743

FILED
Apr 14, 2010
Secretary of State

Entity Name: WESTSIDE EKG ASSOCIATES, P.A.

Current Principal Place of Business:

8201 W. BROWARD BLVD.
PLANTATION, FL 33324

New Principal Place of Business:

8201 W BROWARD BLVD
EKG/ECHO READERS PANEL
PLANTATION, FL 33324

Current Mailing Address:

DEPT 918625
ORLANDO, FL 32891

New Mailing Address:

PO BOX 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:

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

Name and Address of New Registered Agent:

ADVANCED CLAIMS PROCESSING INC
1700 NW 66TH AVE
SUITE 117
PLANTATION, FL 33313 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

04/14/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: PELLER, OWEN G MD
Address: 333 NW 70TH AVE, SUITE 116
City-St-Zip: PLANTATION, FL 33317

Title: D
Name: FERNANDEZ, HILAIRE L MD
Address: 7050 NW 4TH STREET, SUITE 101
City-St-Zip: PLANTATION, FL 33317

Title: D
Name: SHULMAN, JOEL MD
Address: 333 NW 70 AVENUE, SUITE 116
City-St-Zip: PLANTATION, FL 33317

Title: D
Name: KERSH, ROBERT MD
Address: 333 NW 70TH AVENUE, SUITE 116
City-St-Zip: PLANTATION, FL 33317

Title: D
Name: JANKO, JOEL MD
Address: 7050 NW TH STREET, SUITE 101
City-St-Zip: PLANTATION, FL 33317

Title: D
Name: SETH, RAGHAN MD
Address: 7050 NW 4TH STREET, SUITE 101
City-St-Zip: PLANTATION, FL 33317

I hereby 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 all other like empowered.

SIGNATURE: OWEN PELLER MD

D

04/14/2010

Electronic Signature of Signing Officer or Director

Date