

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000047743

**Entity Name:** WESTSIDE EKG ASSOCIATES, P.A.**Current Principal Place of Business:**8201 W BROWARD BLVD  
EKG/ECHO READERS PANEL  
PLANTATION, FL 33324**Current Mailing Address:**PO BOX 918625  
ORLANDO, FL 32891**FEI Number:** 65-0503198**Certificate of Status Desired:** No**Name and Address of Current 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	PELLER, OWEN GMD
Address	4801 S UNIVERSITY DRIVE SUITE 104
City-State-Zip:	DAVIE FL 33328

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

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

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

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

Title	D
Name	SETH, RAGHAN MD
Address	7050 NW 4TH STREET, SUITE 101
City-State-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 G PELLER MD**PRES****04/17/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date