## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000047743

Entity Name: EKG & ECHO READERS INC.

**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 Title D

Name PELLER, OWEN GMD Name FERNANDEZ, HILAIRE LMD

Address 4801 S UNIVERSITY DRIVE SUITE 104 Address 7050 NW 4TH STREET, SUITE 101

City-State-Zip: DAVIE FL 33328

Title

Title D Name JANKO, JOEL MD

Name SHULMAN, JOEL MD Address 7050 NW TH STREET, SUITE 101

Address 333 NW 70 AVENUE, SUITE 116 City-State-Zip: PLANTATION FL 33317

Title D

City-State-Zip:

Name SETH, RAGHAN MD

Address 7050 NW 4TH STREET, SUITE 101

PLANTATION FL 33317

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 PELLER MD

Electronic Signature of Signing Officer/Director Detail

PRESIDENT 04/20/2015

FILED Apr 20, 2015

**Secretary of State** 

CC9744534526

Date