

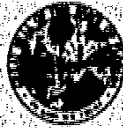
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **558947** (8)  
1. Corporation Name  
**LANGHORNE CARDIOLOGY CONSULTANTS, M.D.'S, P.A.**

Principal Place of Business Mailing Address  
**1717 NORTH E. STREET, STE. 500** **1717 NORTH "E" STREET**  
**PENSACOLA FL 32505-6045** **STE 331**  
**PENSACOLA FL 32505-6045**  
**US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/01/1978** 3a. Date of Last Report **04/15/1994**  
4. FEI Number **59-1792853** Applied For   
Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **1717 North "E" St.** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Ste. 331** 27  
City & State City & State  
23 **Pensacola, FL** 28  
Zip Country Zip Country  
24 **32501** 25 **Escambia** 29

9. Name and Address of Current Registered Agent  
**LANGHORNE, WILLIAM H. M.D**  
**1717 NORTH "E" ST**  
**STE 331**  
**PENSACOLA FL 32501**

10. Name and Address of New Registered Agent  
81 Name **Langhorne, William H. M.D.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>TVD</b>
NAME	<b>PICKENS, WILLIAM S</b>
STREET ADDRESS	<b>1717 NORTH E STREET</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>
TITLE	<b>SD</b>
NAME	<b>DOTY, W DANIEL</b>
STREET ADDRESS	<b>1717 NORTH E STREET</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>
TITLE	<b>PD</b>
NAME	<b>LANGHORNE, WILLIAM H</b>
STREET ADDRESS	<b>1717 NORTH E STREET</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b>
NAME	<b>ROGERS, EDWIN W</b>
STREET ADDRESS	<b>1717 NORTH E STREET</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b>
NAME	<b>TRANHAM, J.L.</b>
STREET ADDRESS	<b>1717 NORTH E STREET</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b>
NAME	<b>AYCOCK, G. RAMON</b>
STREET ADDRESS	<b>1717 NORTH E STREET</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Teague, Stephen M.</b>
1.3 STREET ADDRESS	<b>1717 North "E" St.</b>
1.4 CITY - ST - ZIP	<b>Pensacola, FL 32501</b>
2.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Fleischhauer, James</b>
2.3 STREET ADDRESS	<b>1717 North "E" St.</b>
2.4 CITY - ST - ZIP	<b>Pensacola, FL 32501</b>
3.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Borghelli, Mark</b>
3.3 STREET ADDRESS	<b>1717 North "E" St.</b>
3.4 CITY - ST - ZIP	<b>Pensacola, FL 32501</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: William H. Langhorne  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ (Type/print name)