

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 558947 (8)
 1. Corporation Name
LANGHORNE CARDIOLOGY CONSULTANTS, M.D.'S, P.A.

Principal Place of Business 1717 NORTH "E" STREET STE 331 PENSACOLA FL 32501 US	Mailing Address 1717 NORTH "E" STREET STE 331 PENSACOLA FL 32505-6045 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/01/1978	4. FEI Number 59-1792853	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip	28 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24 Zip	25 Country	29 Zip	30 Country	

9. Name and Address of Current Registered Agent LANGHORNE, WILLIAM H. M 1717 NORTH "E" ST STE 331 PENSACOLA FL 32501		10. Name and Address of New Registered Agent		
		81 Name		
		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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TVD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PICKENS, WILLIAM S	1.2 NAME	Teague, Stephen
STREET ADDRESS	1717 NORTH E STREET	1.3 STREET ADDRESS	1717 North E Street, Pensacola, FL
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOTY, W DANIEL	2.2 NAME	Fleischhauer, James
STREET ADDRESS	1717 NORTH E STREET	2.3 STREET ADDRESS	1717 North E Street, Pensacola, FL
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGHORNE, WILLIAM H	3.2 NAME	Borganelli, Santo
STREET ADDRESS	1717 NORTH E STREET	3.3 STREET ADDRESS	1717 North E Street Pensacola, FL
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, EDWIN W	4.2 NAME	Langhorne III, W Henry
STREET ADDRESS	1717 NORTH E STREET	4.3 STREET ADDRESS	1717 North E street, Pensacola, FL
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRANHAM, J.L.	5.2 NAME	Vassiliades, Thomas
STREET ADDRESS	1717 NORTH E STREET	5.3 STREET ADDRESS	1717 North E Street, Pensacola, FL
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AYCOCK, G. RAMON	6.2 NAME	Videau, Brent
STREET ADDRESS	1717 NORTH E STREET	6.3 STREET ADDRESS	1717 North E Street, Pensacola, FL
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: *[Signature]* 3/2/98 857-1700

CP2E034 (10/97)