

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90069 036 ***150.00

CR2E034 (9/01)

DOCUMENT # 673460
 1. Entity Name
ECONFINA CARDIOLOGY GROUP, P.A.

Principal Place of Business 801 E. 6TH STREET, STE.504 PANAMA CITY FL 32401	Mailing Address 801 E. 6TH STREET, STE.504 PANAMA CITY FL 32401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-2005970	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
COOK, JAMES T.
801 EAST SIXTH STREET
ST 504
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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: DATE:

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	COOK, JAMES T III
STREET ADDRESS	801 E 6TH ST
CITY-ST-ZIP	PANAMA CITY FL
TITLE	VP <input type="checkbox"/> Delete
NAME	MANER, THOMPSON C
STREET ADDRESS	801 E 6TH ST
CITY-ST-ZIP	PANAMA CITY FL
TITLE	T <input type="checkbox"/> Delete
NAME	TRANHAM, J L
STREET ADDRESS	801 E 6TH ST
CITY-ST-ZIP	PANAMA CITY FL 32401
TITLE	VP <input type="checkbox"/> Delete
NAME	EVANS, BUSSIE A.
STREET ADDRESS	801 E 6TH ST
CITY-ST-ZIP	PANAMA CITY FL
TITLE	S <input type="checkbox"/> Delete
NAME	STOKES, MICHAEL J.
STREET ADDRESS	801 E 6TH ST
CITY-ST-ZIP	PANAMA CITY FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

2-14-02 (850) 769-0329
 Date Daytime Phone #