


**2006 FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90034 033 \*\*\*150.00

<b>DOCUMENT #673460</b>					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2005970	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COOK, JAMES T. 801 EAST SIXTH STREET ST 504 PANAMA CITY, FL 32401			Name <u>J. L. Trantham, MD</u>		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <u>FL</u> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>[Signature]</u>			DATE <u>1-20-06</u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, JAMES T III		NAME	morrow, Michael F., M.D.	
STREET ADDRESS	801 E 6TH ST		STREET ADDRESS	Same	
CITY-ST-ZIP	PANAMA CITY FL,		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Traves, Charles E. Jr, MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANER, THOMPSON C		NAME	Same	
STREET ADDRESS	801 E 6TH ST		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL,		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, BUSSIE A.		NAME		
STREET ADDRESS	801 E 6TH ST		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKES, MICHAEL J.		NAME		
STREET ADDRESS	801 E 6TH ST		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADDIGAM, HARI K		NAME		
STREET ADDRESS	801 E. 6TH ST.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u>			DATE <u>1-20-06</u> 850-769-0329		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		