2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 673460

1. Entity Name
ECONFINA CARDIOLOGY GROUP, P.A.

FILED
07 OCT 22 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10092007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
801 E. 6TH STREET, STE.504 PANAMA CITY, FL 32401	801 E. 6TH STREET, STE.504 PANAMA CITY, FL 32401

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2005970 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRANTHAM, J L MD+ 801 EAST SIXTH STREET ST 504 PANAMA CITY, FL 32401	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	Vice President ☒ Change ☐ Addition
NAME	MORROW, MICHAEL F MD	NAME	
STREET ADDRESS	801 E 6TH ST	STREET ADDRESS	300111299283
CITY-ST-ZIP	PANAMA CITY, FL	CITY-ST-ZIP	10/24/07--01044--015 **61.25
TITLE	VP ☐ Delete	TITLE	Treasorer ☐ Change ☒ Addition
NAME	MANER, THOMPSON C	NAME	Charles E. Mayes, Jr. M.D.
STREET ADDRESS	801 E 6TH ST	STREET ADDRESS	801 E. 6th St, Ste 504
CITY-ST-ZIP	PANAMA CITY FL,	CITY-ST-ZIP	Panama City, FL 32401
TITLE	P ☐ Delete	TITLE	Assistant Treasurer ☐ Change ☒ Addition
NAME	TRANTHAM, J L	NAME	Amir R. Haghighat, M.D.
STREET ADDRESS	801 E 6TH ST	STREET ADDRESS	801 East 6th St., Ste 504
CITY-ST-ZIP	PANAMA CITY, FL 32401	CITY-ST-ZIP	Panama City, FL 32401
TITLE	VP ☐ Delete	TITLE	Assistant Secretary ☐ Change ☒ Addition
NAME	EVANS, BUSSIE A.	NAME	Byron Judson Colley, III, M.D.
STREET ADDRESS	801 E 6TH ST	STREET ADDRESS	801 East 6th St., Ste 504
CITY-ST-ZIP	PANAMA CITY, FL	CITY-ST-ZIP	Panama City, FL 32401
TITLE	S ☐ Delete	TITLE	☐ Change ☐ 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 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BADDIGAM, HARI K	NAME	
STREET ADDRESS	801 E. 6TH ST.	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32401	CITY-ST-ZIP	

10/23

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: J. L. Trantham, M.D. 10/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

850-769-0329