

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 27, 2010
Secretary of State**

DOCUMENT# 673460

Entity Name: ECONFINA CARDIOLOGY GROUP, P.A.

Current Principal Place of Business:

801 E. 6TH STREET, STE.504
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

801 E. 6TH STREET, STE.504
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-2005970 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRANHAM, J L MD+
801 EAST SIXTH STREET
ST 504
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP
Name: MORROW, MICHAEL F MD
Address: 801 E 6TH ST
City-St-Zip: PANAMA CITY, FL

Title: VP
Name: MANER, THOMPSON C
Address: 801 E 6TH ST
City-St-Zip: PANAMA CITY FL,

Title: P
Name: TRANHAM, J L
Address: 801 E 6TH ST
City-St-Zip: PANAMA CITY, FL 32401

Title: VP
Name: EVANS, BUSSIE A.
Address: 801 E 6TH ST
City-St-Zip: PANAMA CITY, FL

Title: S
Name: STOKES, MICHAEL J.
Address: 801 E 6TH ST
City-St-Zip: PANAMA CITY, FL

Title: VP
Name: BADDIGAM, HARI K
Address: 801 E. 6TH ST.
City-St-Zip: PANAMA CITY, FL 32401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: J. L. TRANHAM, M.D., C.E.O.

CEO

04/27/2010

Electronic Signature of Signing Officer or Director

_____ Date

673460

CARDIOLOGY ASSOCIATES, P.A.
801 E. SIXTH STREET, SUITE 504
PANAMA CITY, FLORIDA 32401
TELEPHONE: (850) 769-0008

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Interventional Cardiology and Endovascular Medicine
Board Certified Nuclear Cardiology

April 27, 2010

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ENTITY NAME : ECONFINA CARDIOLOGY GROUP, P.A.

Please attach the following officers to the amended annual report filed online today.

TITLE: Assistant Treasurer
NAME: Hashem Mubarak, M.D.
STREET ADDRESS: 801 E. 6th Street, Suite 504
CITY, ST, ZIP: Panama City, Florida 32401

TITLE: Assistant Secretary
NAME: Maher Ayoubi, M.D.
STREET ADDRESS: 801 E. 6th Street, Suite 504
CITY, ST, ZIP: Panama City, Florida 32401

Sincerely,



J. L. Trantham, M.D.,
Registered Agent for Econfina Cardiology Group, P.A.