


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90018 030 \*\*\*150.00

**DOCUMENT # P04000023964**

1. Entity Name  
 ECONFINA CARDIOLOGY ESTATES, INC.



Principal Place of Business 504 CHERRY ST PANAMA CITY, FL 32401	Mailing Address 504 CHERRY ST PANAMA CITY, FL 32401
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40048180



01062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 34-1978535	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

WALTERS, ELIZABETH J  
 221 MCKENZIE AVENUE  
 PANAMA CITY, FL 32401

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, JAMES T III 504 CHERRY ST PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANER, THOMPSON C 801 EAST 6TH STREET, SUITE 504 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRANHAM, J.L. 801 EAST 6TH STREET, SUITE 504 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES, MICHAEL J 801 EAST 6TH STREET, SUITE 504 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BADDIGAM, HARI K 801 EAST 6TH STREET, SUITE 504 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **James T. Cook**  
 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-13-08** Daytime Phone #: **(850) 769-8521**