


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90429 012 ***150.00

DOCUMENT # 600835

1. Entity Name
CENTRAL FLORIDA CARDIOLOGY GROUP, P.A.



Principal Place of Business
**500 E COLONIAL DR
 ORLANDO, FL 32803**

Mailing Address
**500 E COLONIAL DR
 ORLANDO, FL 32803**

50018265



2. Principal Place of Business
1745 North Mills Avenue

3. Mailing Address
P.O. Box 533101

Suite, Apt. #, etc.
Suite 100

04202006 Chg-P CR2E034 (11/05)

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32803

Country

Zip
32853-3101

Country

4. FEI Number
59-1232309

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TAUSSIG, ANDREW S MD
 500 EAST COLONIAL DR.
 ORLANDO, FL 32803**

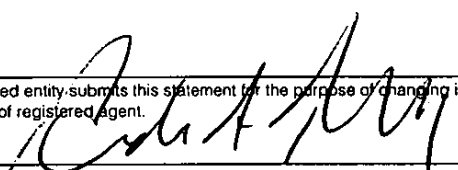
7. Name and Address of New Registered Agent

Name **Andrew S. Taussig, M.D.**

Street Address (P.O. Box Number is Not Acceptable)
1745 North Mills Avenue, Suite 100

City **Orlando** State **FL** Zip Code **32803**

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, 2006 Fee will be \$550.00**

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

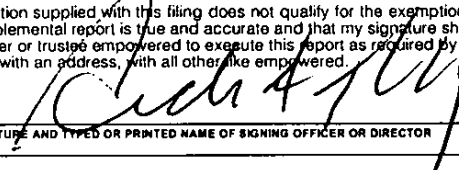
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAUSSIG, ANDREW S 500 E COLONIAL DR ORLANDO, FL 32803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STORY, WILLIAM E 500 E COLONIAL DR ORLANDO, FL 32803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT POLLAK, SCOTT J 500 E COLONIAL DR ORLANDO, FL 32803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WHITWORTH, HALL B JR 500 E COLONIAL DR ORLANDO, FL 32803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RODRIGUEZ, A. RALPH 500 E COLONIAL DR ORLANDO, FL 32803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAY, GREGORY A 500 E COLONIAL DR ORLANDO, FL 32803	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Dr. Andrew S. Taussig 1745 North Mills Avenue Orlando, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Dr. William E. Story 1745 North Mills Avenue Orlando, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Dr. Scott J. Pollak 1745 North Mills Avenue Orlando, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Dr. Hall B. Whitworth, Jr. 1745 North Mills Avenue Orlando, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Dr. A. Ralph Rodriguez 1745 North Mills Avenue Orlando, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Dr. Gregory A. May 1745 North Mills Avenue Orlando, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CENTRAL FLORIDA CARDIOLOGY GROUP, P.A.
 DOCUMENT # 600835
 2006 UNIFORM BUSINESS REPORT (UBR)
 BLOCK 10

<u>TITLE</u>	<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>
DIR/ VICE PRES	DR. J. CRAIG BARNETT	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803
DIR/ VICE PRES	DR. ANIL KUMAR	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803
DIR/ VICE PRES	DR. MICHAEL HARDEE	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803
DIR/ VICE PRES	DR. BRUCE STEIN	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803
DIR/ VICE PRES	DR. SHARON NICHOLS	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803
					CHANGE
					CHANGE
					CHANGE
					CHANGE
					ADDITION

ATTACHMENT

50018265
 #600835