

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F64894 (1)

1. Corporation Name
CARDIOLOGY PHYSICIANS, P.A.



Principal Place of Business: **700 STERTHAUS AVE. ORMOND BEACH FL 32174-5130**
Mailing Address: **700 STERTHAUS AVE. ORMOND BEACH FL 32174-5130**

3. Date Incorporated or Qualified: **02/01/1982**
3a. Date of Last Report: **03/03/1995**
4. FEI Number: **59-2163944**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Sute, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Sute, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**CARLEY, JAMES E.
700 STERTHAUS AVENUE
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL** 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	WALKER, JOHN L MD	
STREET ADDRESS	700 STERTHAUS AVENUE	
CITY- ST- ZIP	ORMOND BEACH FL 32174	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CARLEY, JAMES E MD	
STREET ADDRESS	700 STERTHAUS AVENUE	
CITY- ST- ZIP	ORMOND BEACH FL 32174	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ARNOLD, RICHARD S M.D.	
STREET ADDRESS	700 STERTHAUS AVENUE	
CITY- ST- ZIP	ORMOND BEACH FL 32174	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HENDERSON, DAVID A M.D.	
STREET ADDRESS	700 STERTHAUS AVENUE	
CITY- ST- ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMIDAR, Humayun A. MD	
1.3 STREET ADDRESS	700 Sterthaus Avenue	
1.4 CITY- ST- ZIP	Ormond Beach, FL 32174	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **2-16-96** (904) **677-5351**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)