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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sanora B. Morman

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 ORMOND BEACH FL 32174-5130										
Orimono di	2007 12 9 2774 3100		OTHIOTIE DENOTE TO	COLITYON	••		3. Date Incorporated or Qualifie 02/01/1982	d 3a. Da	ate of Last F	•
Dincipal Disc	e of Business	20	Mailing Address			 	4. FEI Number	<u> </u>		Applied For
T INTESPEE F REAL	e o business	26	Trouming Modroos				59-2163944		\vdash	Not Applicable
Suite, Apt. #,	etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	5 Additional Required
City & State		28	City & State				6. Election Campaign Financing Trust Fund Contribution	' _□		May Be
Zip	Country 25	29	Zip	30	untry		8. This corporation has liability Florida Statutes	or intangible res \(\Boxed{\omega}\) No	tax under s	199.032,
	9. Name and Address of Current	Regis	stered Agent				10. Name and Address of New	v Registere	d Agent	
					81 1	Name				
Carley, James E. 700 Sterthaus Avenue			82 Street Add		Idress (P.O. Box Number is Not Accep	dress (P.O. Box Number is Not Acceptable)				
	ND BEACH FL 32174				83					
					84 (City		F	. 85 Z	ip Code
 Pursuant to 	the provisions of Sections 607.0502.8	ang 60	07.1508, Florida Statut	es, the abo	ove-nar	mea corp	poration submits this statement for the pard of directors. I hereby accept the a	purpose oi d ippointment	as registere	registered onice d agent. I am
tamil ar with SNATURE	, and accept the obligations of, Section	on 607.	.0505, Florida Statutes	3						
familiar with SNATURE _s	diagont, or both, in the State of Florida, and accept the obligations of, Section (April or public arms of registrics) agent a OFFICERS AND	ind tille if	applicable (NC	3	rt Aijent si		ulred when reinstating): ADDITIONS/CHANGES TO (DATE		
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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 cath, 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 any address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-96 (904) 677-5351

;R2E034 (12/95)