

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90091 012 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F64894

1. Corporation Name
CARDIOLOGY PHYSICIANS, P.A.



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/01/1982	4. FEI Number 59-2163944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	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
 84 City **FL** 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, JOHN L MD	1.2 NAME	
STREET ADDRESS	700 STERTHAUS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLEY, JAMES E MD	2.2 NAME	
STREET ADDRESS	700 STERTHAUS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, RICHARD S M.D.	3.2 NAME	
STREET ADDRESS	700 STERTHAUS AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, DAVID A M.D.	4.2 NAME	
STREET ADDRESS	700 STERTHAUS AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMIDAR, HUMAYUN A	5.2 NAME	
STREET ADDRESS	700 STERTHAUS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-21-99 904-677-5351
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)