

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90149 021 ***550.00

DOCUMENT # F64894

1. Entity 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

2. Principal Place of Business
873 Sterthaus Avenue
 Suite, Apt. #, etc.
Suite 302

3. Mailing Address
873 Sterthaus Avenue
 Suite, Apt. #, etc.
Suite 302

City & State
Ormond Beach, Florida

City & State
Ormond Beach, Florida

4. FEI Number **59-2163944**

Applied For
 Not Applicable

Zip Country
32174 USA

Zip Country
32174 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARLEY, JAMES E.
~~700 STERTHAUS AVENUE~~
ORMOND BEACH FL 32174

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE  DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	ST WALKER, JOHN L MD	700 STERTHAUS AVENUE	873 ORMOND BEACH FL 32174	<input type="checkbox"/>
	P CARLEY, JAMES E MD	700 STERTHAUS AVENUE	ORMOND BEACH FL 32174	<input type="checkbox"/>
	VP ARNOLD, RICHARD S M.D.	700 STERTHAUS AVENUE	ORMOND BEACH FL 32174	<input type="checkbox"/>
	VP HENDERSON, DAVID A M.D.	700 STERTHAUS AVENUE	ORMOND BEACH FL 32174	<input type="checkbox"/>
	VP JAMIDAR, HUMAYUN A	700 STERTHAUS AVE	ORMOND BEACH FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CF 1 004 (0-00)