

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

0006688

**DOCUMENT # F64894**

02-27-2001 90002 009 \*\*\*150.00

1. Entity Name  
**CARDIOLOGY PHYSICIANS, P.A.**

Principal Place of Business <b>873 STERTHAUS AVENUE          STE 302          ORMOND BEACH FL 32174-5130</b>	Mailing Address <b>873 STERTHAUS AVENUE          STE 302          ORMOND BEACH FL 32174-5130</b>
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CAUTION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number <b>59-2163944</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARLEY, JAMES E.**  
~~700 STERTHAUS AVENUE~~ - Suite 302  
**ORMOND BEACH FL 32174**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**873 Sterthaus Ave**  
**Suite 302**  
 City **Ormond Beach, FL** Zip Code **32174**

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 Carley, James E. Carley, President 2/16/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) 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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	ST	<input type="checkbox"/> Delete
NAME	<b>WALKER, JOHN L MD</b>	
STREET ADDRESS	<del>700 STERTHAUS AVENUE</del> <b>873 suite 302</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>CARLEY, JAMES E MD</b>	
STREET ADDRESS	<del>700 STERTHAUS AVENUE</del>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<del>ARNOLD, RICHARD S M.D.</del>	
STREET ADDRESS	<del>700 STERTHAUS AVENUE</del>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>HENDERSON, DAVID A M.D.</b>	
STREET ADDRESS	<del>700 STERTHAUS AVENUE</del>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>JAMIDAR, HUMAYUN A</b>	
STREET ADDRESS	<del>700 STERTHAUS AVE</del>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>WALKER, JOHN L MD</del>	
STREET ADDRESS	<del>700 STERTHAUS AVENUE</del> <b>873 Sterthaus, ste 302</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>CARLEY, JAMES E MD</del>	
STREET ADDRESS	<del>700 STERTHAUS AVENUE</del> <b>873 Sterthaus Ave, Ste 302</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ARNOLD, RICHARD S M.D.</del>	
STREET ADDRESS	<del>700 STERTHAUS AVENUE</del> <b>873 Sterthaus Ave, Ste 302</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>HENDERSON, DAVID A M.D.</del>	
STREET ADDRESS	<del>700 STERTHAUS AVENUE</del> <b>873 Sterthaus Ave, Ste 302</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>JAMIDAR, HUMAYUN A</del>	
STREET ADDRESS	<del>700 STERTHAUS AVE</del> <b>873 Sterthaus Ave, - Ste 302</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Carley, James E. Carley, Pres. 2/16/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)