

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

0019089 AV

**DOCUMENT # F64894**

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

01-21-2002 90016 043 \*\*\*150.00

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2163944**

Applied For  
 Not Applicable

Zip Country

Zip Country

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.  
 873 STERTHAUS AVENUE  
 SUITE 302  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	ST WALKER, JOHN L MD	873 STERTHAUS AVE., SUITE 302	ORMOND BEACH FL 32174				
	P CARLEY, JAMES E MD	873 STERTHAUS AVE., SUITE 302	ORMOND BEACH FL 32174				
	VP ARNOLD, RICHARD S M.D.	873 STERTHAUS AVE., SUITE 302	ORMOND BEACH FL 32174				
	VP HENDERSON, DAVID A M.D.	873 STERTHAUS AVE., SUITE 302	ORMOND BEACH FL 32174				
	VP JAMIDAR, HUMAYUN A	873 STERTHAUS AVE., SUITE 302	ORMOND BEACH FL				

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 *[Signature]* 1/7/02 (386) 677-5351  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)