
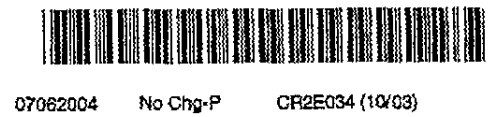
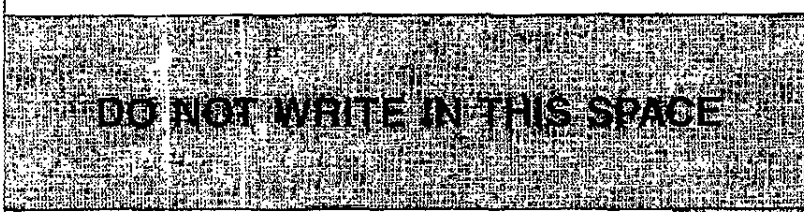


FILED
Jul 09, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F64894 1. Entity Name CARDIOLOGY PHYSICIANS, P.A.	
--	---

Principal Place of Business 873 STERTHAUS AVENUE STE 302 ORMOND BEACH, FL 32174-5130	Mailing Address 873 STERTHAUS AVENUE STE 302 ORMOND BEACH, FL 32174-5130
---	---



4. FEI Number 59-2163944	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARLEY, JAMES E. 873 STERTHAUS AVENUE SUITE 302 ORMOND BEACH, FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	0709/04-80005-009 550.00
---	--	--------------------------

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



12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John L. Walker	7-9-04 (38) 117-5351
--	----------------------