


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

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
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01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2163944	Applied For Not Applicable
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5. Certificate of Status Desired **\$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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEES \$150.00
After May 1, 2005 Fee will be \$550.00

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

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	

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01/13/05-80015-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE: _____

1/11/05 (386) 677-5351