

2006 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

FILED
Jan 09, 2006 08:00 AM
Secretary of State



01032006 No Chg-P CR2E034 (11/05)

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| | |
|---|--------------------------------|
| 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

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CARLEY, JAMES E MD 873 STERTHAUS AVE., SUITE 302 ORMOND BEACH, FL 32174 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CROSSMAN, ARTHUR W. 873 STERTHAUS AVE., SUITE 302 ORMOND BEACH, FL 32174 |
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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HENDERSON, DAVID A M.D. 873 STERTHAUS AVE., SUITE 302 ORMOND BEACH, FL 32174 |
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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP JAMIDAR, HUMAYUN A 873 STERTHAUS AVE., SUITE 302 ORMOND BEACH, FL |
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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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01/10/06-80032-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/06 (386) 677-5351

Date

Daytime Phone #