


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

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

<b>DOCUMENT # F64894</b> 1. Entity Name CARDIOLOGY PHYSICIANS, P.A.	
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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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**DO NOT WRITE IN THIS SPACE**

01032006 No Chg-P CR2E034 (11/05)

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!!! 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
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 CROSSMAN, ARTHUR W. 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	

U00000379688  
01/10/06-80032-012 150.00

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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 all other like empowered.

**SIGNATURE:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
Date: 1/3/06 (386) 677-5351 Daytime Phone #