

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 09, 2007 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



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2163944 Applied For Not Applicable

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 _____

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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01/10/07-80028-011 150.00

**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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John L Walker John L Walker

Date

1-5-07

Signature Florida #

(386) 677-5351