

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F64894

FILED  
Mar 08, 2012  
Secretary of State

Entity Name: CARDIOLOGY PHYSICIANS, P.A.

**Current Principal Place of Business:**

305 MEMORIAL MEDICAL PKWY.  
SUITE 301  
DAYTONA BEACH, FL 32117 US

**New Principal Place of Business:**

**Current Mailing Address:**

305 MEMORIAL MEDICAL PKWY.  
SUITE 301  
DAYTONA BEACH, FL 32117 US

**New Mailing Address:**

FEI Number: 59-2163944      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARLEY, JAMES E.  
305 MEMORIAL MEDICAL PKWY.  
SUITE 301  
DAYTONA BEACH, FL 32117 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: WALKER, JOHN L MD  
Address: 305 MEMORIAL MEDICAL PKWY., STE 301  
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: P  
Name: CARLEY, JAMES E MD  
Address: 305 MEMORIAL MEDICAL PKWY., STE 301  
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: VP  
Name: ARAB, DINESH MD  
Address: 305 MEMORIAL MEDICAL PKWY., STE 301  
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: VP  
Name: HENDERSON, DAVID A M.D.  
Address: 305 MEMORIAL MEDICAL PKWY., STE 301  
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: VP  
Name: JAMIDAR, HUMAYUN, A., M.D.  
Address: 311 N. CLYDE MORRIS BLVD., STE.320  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: VP  
Name: QUADRAT, OTAKAR M.D.  
Address: 311 N. CLYDE MORRIS BLVD., STE. 320  
City-St-Zip: DAYTONA BEACH, FL 32174 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DR JIM CARLEY

P

03/08/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date