

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90180 041 ***150.00

002671
AV

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2163944**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARLEY, JAMES E.
873 STERTHAUS AVENUE
SUITE 302
ORMOND BEACH FL 32174**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ST WALKER, JOHN L MD STREET ADDRESS 873 STERTHAUS AVE., SUITE 302 CITY-ST-ZIP ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME P CARLEY, JAMES E MD STREET ADDRESS 873 STERTHAUS AVE., SUITE 302 CITY-ST-ZIP ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME VP ARNOLD, RICHARD S M.D. STREET ADDRESS 873 STERTHAUS AVE., SUITE 302 CITY-ST-ZIP ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME VP HENDERSON, DAVID A M.D. STREET ADDRESS 873 STERTHAUS AVE., SUITE 302 CITY-ST-ZIP ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME VP JAMIDAR, HUMAYUN A STREET ADDRESS 873 STERTHAUS AVE., SUITE 302 CITY-ST-ZIP ORMOND BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03 (386) 677-5351
Date Daytime Phone #

CR2E034 (10/02)