

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H33741

FILED
Jan 05, 2004
Secretary of State

Entity Name: ST. VINCENT'S ELECTROCARDIOGRAPHY, INC.

Current Principal Place of Business:

1800 BARRS ST
EKG LAB
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

1801 BARRS ST
SUITE 500
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 59-2469870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLBROOK, H. LEON
2301 INDEPENDENT SQUARE
JACKSONVILLE, FL 32202

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PHILLIPS, ERNEST MD
Address: 1801 BARRS STREET, STE 500
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: NAUMAN MD, STEVEN S
Address: 1801 BARRS STREET, STE 500
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN NAUMAN

DR.

01/05/2004

Electronic Signature of Signing Officer or Director

_____ Date