2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# H85193

Entity Name: CARDIOLOGY ASSOCIATES RESEARCH COMPANY

Current Principal Place of Business:

% JAMES E. CARLEY, M.D.
873 STERTHAUS AVENUE STE 302
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

% JAMES E. CARLEY, M.D.
873 STERTHAUS AVENUE STE 302
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-2566638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARLEY, JAMES E., M.D.
873 STERTHAUS DRIVE STE 302
ORMOND BEACH, FL 32174 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CARLEY, JAMES E.,MD,
Address: 873 STERTHAUS AVE SUITE 302
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPST ( ) Delete
Name: WALKER, JOHN L.,MD,
Address: 873 STERTHAUS AVE SUITE 302
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP ( ) Delete
Name: HENDERSON, DAVID A MD
Address: 873 STERTHAUS AVENUE SUITE 302
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 exemption stated 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 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: JAMES E. CARLEY, M.D. MD 01/04/2008

Electronic Signature of Signing Officer or Director — Date