2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H85193

Entity Name: CARDIOLOGY ASSOCIATES RESEARCH COMPANY

FILED Jan 06, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

305 MEMORIAL MEDICAL PKWY., STE 301 305 MEMORIAL MEDICAL PKWY. DAYTONA BEACH, FL 32117

SUITE 301

DAYTONA BEACH, FL 32117

Current Mailing Address: New Mailing Address:

305 MEMORIAL MEDICAL PKWY., STE 301 305 MEMORIAL MEDICAL PKWY. DAYTONA BEACH, FL 32117

SUITE 301

DAYTONA BEACH, FL 32117

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

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

CARLEY, JAMES E., M.D. CARLEY, JAMES E., M.D. 305 MEMORIAL MEDICAL PKWY. 873 STERTHAUS DRIVE STE 302

ORMOND BEACH, FL 32174 SUITE 301

DAYTONA BEACH, FL 32117 US

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: JAMES E. CARLEY 01/06/2011

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name: CARLEY, JAMES E., MD

305 MEMORIAL MEDICAL PKWY., STE 301 Address:

City-St-Zip: DAYTONA BEACH, FL 32117

Title: **VPST**

WALKER, JOHN L.,MD Name:

305 MEMORIAL MEDICAL PKWY., STE 301 Address:

DAYTONA BEACH, FL 32117 City-St-Zip:

Title:

HENDERSON, DAVID A., MD Name:

305 MEMORIAL MEDICAL PKWY., STE 301 Address:

City-St-Zip: DAYTONA BEACH, FL 32117

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: JAMES E. CARLEY Ρ 01/06/2011