


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # J25400 1. Entity Name CARDIOLOGY ASSOCIATES OF WEST VOLUSIA, P.A.	
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Principal Place of Business 1000 W. NEW YORK AVE. DELAND, FL 32720	Mailing Address 1000 W. NEW YORK AVE. DELAND, FL 32720
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2690917	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

C. Name and Address of Current Registered Agent

HECHT, GARY D M.D.
1000 WEST NEW YORK AVE.
DELAND, FL 32720

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000190084 01/24/05-80121-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HECHT, GARY, MD 1000 WEST NEW YORK AVE. DELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Gary Hecht MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-05 386-736-3110
Date Daytime Phone #