
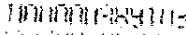
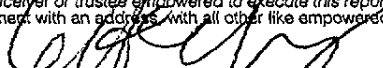


FILED
Jan 17, 2006 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # J25400 1. Entity Name CARDIOLOGY ASSOCIATES OF WEST VOLUSIA, P.A.</div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 45%;">Principal Place of Business 1000 W. NEW YORK AVE. DELAND, FL 32720</div><div style="width: 45%;">Mailing Address 1000 W. NEW YORK AVE. DELAND, FL 32720</div></div> <div style="text-align: center; height: 100px; border: 2px solid black; font-size: 24px; font-weight: bold; margin-top: 10px;">DO NOT WRITE IN THIS SPACE</div>		<div style="text-align: right; font-weight: bold; font-size: 18px;">Secretary of State</div> <div style="text-align: center; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;">01102006No Chg-PCR2E034 (11/05)</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 80%;">4. FEI Number 59-2690917</div><div style="width: 10%; border: 1px solid black; text-align: center;">Applied For</div><div style="width: 10%; border: 1px solid black; text-align: center;">Not Applicable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 70%;">5. Certificate of Status Desired <input type="checkbox"/></div><div style="width: 30%; text-align: right;">\$8.75 Additional Fee Required</div></div>																								
<div style="display: flex; justify-content: space-between;"><div style="width: 45%; border: 1px solid black; padding: 5px;">6. Name and Address of Current Registered Agent HECHT, GARY D M.D. 1000 WEST NEW YORK AVE. DELAND, FL 32720</div><div style="width: 50%; text-align: center; height: 100px; border: 2px solid black; font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div></div> <div style="margin-top: 10px; font-size: 10px;">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.</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small></div><div style="width: 35%;">DATE _____</div></div>																										
<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"><div style="width: 30%; border: 1px solid black; padding: 5px;">FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</div><div style="width: 40%;">9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></div><div style="width: 30%; text-align: right;">\$5.00 May Be Added to Fees</div></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">10. OFFICERS AND DIRECTORS</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%; font-size: 8px;">TITLE</td><td style="width: 40%; font-size: 8px;">NAME</td><td style="width: 50%; font-size: 8px;">STREET ADDRESS CITY - ST - ZIP</td></tr><tr><td></td><td>PSTD HECHT, GARY, MD</td><td>1000 WEST NEW YORK AVE. DELAND, FL</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>		TITLE	NAME	STREET ADDRESS CITY - ST - ZIP		PSTD HECHT, GARY, MD	1000 WEST NEW YORK AVE. DELAND, FL																			<div style="text-align: center; margin-top: 20px;"> 01-10-06 80030-008 150.00</div> <div style="text-align: center; height: 100px; border: 2px solid black; font-size: 24px; font-weight: bold; margin-top: 10px;">DO NOT WRITE IN THIS SPACE</div>
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	PSTD HECHT, GARY, MD	1000 WEST NEW YORK AVE. DELAND, FL																								
<div style="font-size: 10px;">12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 40%;">SIGNATURE: </div><div style="width: 60%; text-align: right;">01-10-06 (386) 736-3110</div></div> <div style="display: flex; justify-content: space-between; font-size: 8px; margin-top: 5px;"><div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div><div>Date</div><div>Daytime Phone #</div></div>																										