

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M70663

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** LANGHORNE CARDIOLOGY CONSULTANTS, INC.

**Current Principal Place of Business:**

1717 NORTH E ST.  
SUITE 331  
PENSACOLA, FL 32501 US

**New Principal Place of Business:**

**Current Mailing Address:**

1717 NORTH E ST.  
SUITE 331  
PENSACOLA, FL 32501 US

**New Mailing Address:**

1717 NORTH E ST.  
STE. 320 - MARY MATHEWS  
PENSACOLA, FL 32501 US

**FEI Number:** 59-2874324

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEGGS & LANE, RLLP  
501 COMMENDENCIA ST.  
PENSACOLA, FL 32501 US

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

CALLAHAN, ELIZABETH  
1717 NORTH E STREET  
STE. 320  
PENSACOLA, FL 32501 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: ELIZABETH CALLAHAN

04/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: FLEISCHHAUER, F. JAMES MD  
Address: 1717 NORTH E ST., SUITE 331  
City-St-Zip: PENSACOLA, FL 32501 US

Title: P  
Name: AYCOCK, G RAMON MD  
Address: 1717 NORTH E ST., SUITE 331  
City-St-Zip: PENSACOLA, FL 32501 US

Title: ST  
Name: SPENCER, ROBERT  
Address: 1717 NORTH E ST., SUITE 331  
City-St-Zip: PENSACOLA, FL 32501 US

Title: D  
Name: VERMILLION, KERRY  
Address: 1717 NORTH E ST., STE. 320  
City-St-Zip: PENSACOLA, FL 32501

Title: D  
Name: SKOLROOD, KENT D  
Address: 1717 NORTH E ST., STE. 320  
City-St-Zip: PENSACOLA, FL 32501

Title: D  
Name: FAULKNER, MARK T  
Address: 1717 NORTH E ST., STE. 320  
City-St-Zip: PENSACOLA, FL 32501

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: MARY MATHEWS

AS

04/26/2012

Electronic Signature of Signing Officer or Director

Date