


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000000133 (8)					
1. Corporation Name SOUTHPPOINT CARDIOLOGY CLINICAL RESEARCH DIVISION, INC.					
Principal Place of Business 4205 BELFORT ROAD SUITE 2065 JACKSONVILLE FL 32216			Mailing Address 4205 BELFORT ROAD SUITE 2065 JACKSONVILLE FL 32216-5877		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1994	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 03/29/1996	
23. Zip		28. City & State		4. FEI Number 59-3223880	
24. Country		29. Zip		Applied For Not Applicable	
25. Country		30. Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
STOWERS, STEPHEN A 117 LAMPLIGHTER LANE PONTE VEDRA FL 32082		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PT	HILTON, THOMAS C. M	145 LINKSIDE AVE.	PONTE VEDRA BEACH FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
PT	STOWERS, STEPHEN A M.D.	117 LAMPLIGHTER LANE	PONTE VEDRA BEACH FL	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
SD	WHITE, EVA J.	104 CHELMSFORD PLACE	PONTE VEDRA BEACH FL	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
SD	KOREN, MICHEAL J	3900 UNIVERSITY BLVD. S.	JACKSONVILLE FL	1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____					
Date _____ Daytime Phone #0005818					

CR2E037 (9/96)