

FILE NOW: FILING FEE IS \$61.25

FILED

**Jun 01 1998 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000133 (8)

1. Corporation Name
**SOUTHPOINT CARDIOLOGY CLINICAL RESEARCH DIVISION
, INC.**



Principal Place of Business Mailing Address
4205 BELFORT ROAD SUITE 2065 JACKSONVILLE FL 32216

3. Date Incorporated or Qualified
01/01/1994
4. FEI Number **59-3223880** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**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

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOWERS, STEPHEN A M.D.	1.2 NAME	
STREET ADDRESS	117 LAMPLIGHTER LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, EVA J.	2.2 NAME	
STREET ADDRESS	104 CHELMSFORD PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOREN, MICHEAL J	3.2 NAME	
STREET ADDRESS	3900 UNIVERSITY BLVD. S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Michael S. Cunningham MD
STREET ADDRESS		4.3 STREET ADDRESS	4205 Belfort Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Suite 2065 Jacksonville, Fla
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	100002543541
STREET ADDRESS		6.3 STREET ADDRESS	-06/02/98--01008--039
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

14. I 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: _____

[Handwritten signatures and dates]
4/16/98 904 2910 21634

CF2E037 (10/97)