

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000133

1. Entity Name

SOUTHPOINT 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3223880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOWERS, STEPHEN A
117 LAMPLIGHTER LANE
PONTE VEDRA FL 32082

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT
NAME STOWERS, STEPHEN A M.D.
STREET ADDRESS 117 LAMPLIGHTER LANE
CITY-ST-ZIP PONTE VEDRA BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME CUNNINGHAM, MICHAEL S
STREET ADDRESS 4205 BELFORT ROAD STE 2065
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME KOREN, MICHAEL J
STREET ADDRESS 3900 UNIVERSITY BLVD. S.
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

TITLE Arney, Jennifer L
NAME 4325 Genna Trace Trail D
STREET ADDRESS Jacksonville, FL 32257 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-19-2002 90222 003 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)