

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 04, 2004 8:00 am**  
**Secretary of State**

08-04-2004 90018 012 \*\*\*\*61.25

**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**

**24078239**



**DO NOT WRITE IN THIS SPACE**

08022004 No Chg-NP

CR2E037 (10/03)

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**

**STOWERS, STEPHEN A  
117 LAMPLIGHTER LANE  
PONTE VEDRA, FL 32082**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
ARNEY, JENNIFER L  
9325 GENNA TRACE TRAIL  
JACKSONVILLE, FL 32257**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2 August 2004*

*904 296 2631*