

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000133

FILED
Apr 25, 2006
Secretary of State

Entity Name: SOUTHPOINT CARDIOLOGY CLINICAL RESEARCH DIVISION, INC.

Current Principal Place of Business:

4205 BELFORT ROAD
SUITE 2065
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4205 BELFORT ROAD
SUITE 2065
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3223880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

STOWERS, STEPHEN A
4205 BELFORT ROAD, SUITE 2065
JACKSONVILLE, FL 32216 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:

04/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: STOWERS, STEPHEN A M.D.
Address: 117 LAMPLIGHTER LANE
City-St-Zip: PONTE VEDRA BEACH, FL

Title: SD () Delete
Name: CUNNINGHAM, MICHAEL S
Address: 4205 BELFORT ROAD STE 2065
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Delete
Name: ARNEY, JENNIFER L
Address: 9325 GENNA TRACE TRAIL
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: STOWERS, STEPHEN A M.D.
Address: 4205 BELFORT ROAD, SUITE 2065
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD (X) Change () Addition
Name: MCDONALD, NANCY
Address: 4205 BELFORT ROAD STE 2065
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN A. STOWERS, M.D.

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date