2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2010
Secretary of State

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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
4205 BELFORT ROAD, SUITE 2065
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN A. STOWERS, MD PRES 02/23/2010

Electronic Signature of Signing Officer or Director — Date