


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>197000000433</u>					
1. Corporation Name Cardiac Network of Central Florida, Inc.					
Principal Place of Business 110 Longwood Avenue Rockledge, FL 32955			Mailing Address P.O. Box 565002, MS # 75 Rockledge, FL 32956-5002		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report N/A	
22 City & State		27 City & State		4. FEI Number 59-3414255	
23 Zip		28 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
Carman, Robert O. 110 Longwood Avenue Rockledge, FL 32955			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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.3 STREET ADDRESS Carman, Robert O.					
1.4 CITY-ST-ZIP 110 Longwood Avenue					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
2.3 STREET ADDRESS Colker, Rebecca					
2.4 CITY-ST-ZIP 110 Longwood Avenue					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
3.3 STREET ADDRESS Murphy, Terence					
3.4 CITY-ST-ZIP 110 Longwood Avenue					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
4.3 STREET ADDRESS Weldon, Kathleen					
4.4 CITY-ST-ZIP 110 Longwood Avenue					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME 100002185511 CS					
6.3 STREET ADDRESS -05/20/97--01084--026 5/9/97					
6.4 CITY-ST-ZIP ***173.75					
14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <u>Rebecca Colker</u> 4/30/97 (407) 636-2211					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)