


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90331 001 ***300.00

DOCUMENT # P03000143920			
1. Entity Name SOUTHERN CARDIAC INTERPRETATION, P.A.			
Principal Place of Business 1512 SW 115TH ST GAINESVILLE, FL 32607		Mailing Address 1512 SW 115TH ST GAINESVILLE, FL 32607	
2. Principal Place of Business 150 NW 75TH DR Suite, Apt. #, etc. SUITE A		3. Mailing Address 150 NW 75TH DR Suite, Apt. #, etc. SUITE A	
City & State GAINESVILLE, FL		City & State GAINESVILLE, FL	
Zip 32607	Country US	Zip 32607	Country US
6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY 225 WATER ST SUITE 1800 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T BURKE, FLOYD, M.D. 150 NW 75TH DR., SUITE A GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: <i>Floyd W. Burke</i>		FLOYD BURKE, M.D. PRESIDENT Date: <i>March 29th, 2004</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66408968



03182004 Chg-P CR2E034 (10/03)

4. FEI Number
68-0574046

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required