

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 06, 2006 8:00 am
Secretary of State

01-06-2006 90001 019 ***150.00

DOCUMENT # P03000143920

1. Entity Name
SOUTHERN CARDIAC INTERPRETATION, P.A.



Principal Place of Business
150 NW 75TH DR
SUITE A
GAINESVILLE, FL 32607 US

Mailing Address
150 NW 75TH DR
SUITE A
GAINESVILLE, FL 32607 US

60000152



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0574046

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
225 WATER ST
SUITE 1800
JACKSONVILLE, FL 32202

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	DPST BURKE, FLOYD M.D. 150 NW 75TH DR., SUITE A GAINESVILLE, FL 32607
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: FLOYD W. BURKE MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2006

Date Daytime Phone #