2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

FILED May 31, 2007 8:00 am Secretary of State

DOCUMENT # P03000143920						05-04-2007 90069 011 ***150.00				
SOUTHERN CARDIAC INTERPRETATION, P.A.)				
Principal Plac	e of Business	Mailin	Mailing Address			1				
150 NW 75TH DR		150	150 NW 75TH DR							
SUITE A GAINESVILLE FL 32607			SUITE A GAINESVILLE FL 32607			i n	IONITON ES OCIAD ENS AOSS A	Bi n adiat he ti wi	iaa iika iika k	SS BRITTE A 1801
US		ÜS		•						
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Addross								
Suite, Apt. #, etc.		Sunt	Suite, Apt. #. otc.			15	st MOORE	CR2E03	4 (10/06))
City & State		City & State			<u>"</u>	4. FEI Numb	^{oer} 68-05740	46		Applied For Not Applicable
Zip	Country Zip		Coun	iry	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Curren	t Registere	ed Agent			7. Name and	d Address of New	Registered	Agent	
SMITH HULSEY & BUSEY					Name					
225 WATER ST SUITE 1800				Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE FL 32202										
 					City			FL	Zip C	ode
The above the obligat	named entity submits this statement from the statem	or the purp	oso of changing its	registere	ed office or registe	ered agent, or bo	oth, in the State of I	lorida, Lam	tamiliar w	th, and accept
SIGNATURE .	Signature, lighes or normed hyme of dispistorest ager	it arestide - am	nisable. INCIT	(Gensulate	d Agent eignwiche habit in	па жинт топпалиці,		DATE		
E	ILE NOW!!! FEE IS \$150.00		I				i			
After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State							Election Cam Trust Fund Co			5.00 May Be dded to Fees
10. OFFICERS AND DIRECTORS 11						ADDITIONS	/CHANGES TO OF	FICERS AN	DIRECTO	ORS IN 11
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NAME:	BURKE, FLOYD M.D.		- 0000	NAAS	t t					, I want
SIDECT ADDRESS	150 NW 75TH DR., SUITE A			SIN	EL ADOFESS					İ
CITY ST-7IP	GAINESVILLE FL 32607			CHY	S1 /IP					
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SZEGOCIA FEDERS	Ì			SIRE	ELADORESS					
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nne			☐ Onlete	HILE NAMI SIRI	-				☐ Chang	ie 🔲 Addition
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HILE NAMI SIPECT ADDRESS CHY SI-7/P			☐ Onlete	HILE NAMI SIRI CHY	ELADDRESS SLZIP					
HITE NAMI SIPET ADDRESS CITY S1-ZIP TIME NAME SIPECT ADDRESS				HITLE NAME SIRI CHA HITLE NAME SIRE	ELADORESS SL/IP					
HITE NAMI SIPET ADDRESS CITY ST-ZIP TITE NAME SIPECT ADDRESS CITY-ST-ZIP			☐ Oetgle	HILE NAME SIRI CHY HILE NAME SIRE CHY	ET ADDRESS ST 7/P				☐ Chang	ye ∏ Addiliou
HILE NAMI SHEET ADDRESS CHY SI-ZIP HILE NAME SHECT ADDRESS CHY-SI-ZIP 12. I horoby indicated of the co	cortify that the information supplied with a first report or supplemental report provation or the receiver or fustoo en addressed, or on an attachmoul-with an addressed,	is true and apowered t	Delete G does not qualify if accurate and that if o exocuto this ropo.	HILE NAM SIRI CHY HILE NAM SIRE CHY To the opening signa	ELADDRESS SI /IP ELADDRESS SI /IP comptions contain	same legal effe	ct as if made unde	roain; that i	Chang	e Addition

5.29-07

Daytime Phone e