2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2009
Secretary of State

DOCUMENT# P03000143920

Entity Name: SOUTHERN CARDIAC INTERPRETATION, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

350 NW 76TH DR
SUITE B
GAINESVILLE, FL 32607 US

Current Mailing Address:

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

New Mailing Address:

350 NW 76TH DR
SUITE B
GAINESVILLE, FL 32607 US

FEI Number: 68-0574046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JOSE MORENO, PA
240 NW 76TH DRIVE
SUITE D
GAINESVILLE, FL 32607 US

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: JOSE MORENO 07/09/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: BURKE, FLOYD M.D.
Address: 150 NW 75TH DR., SUITE A
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: BURKE, FLOYD M.D.
Address: 350 NW 76TH DR., SUITE B
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLOYD W. BURKE MD DPST 07/09/2009
Electronic Signature of Signing Officer or Director Date