

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000000761

FILED
Mar 31, 2009
Secretary of State

Entity Name: CARDIOLOGY ASSOCIATES OF MARION COUNTY, P.A.

Current Principal Place of Business:

2101 S.W. 20TH PLACE
OCALA, FL 34474

New Principal Place of Business:

2101 S.W. 20TH PLACE
OCALA, FL 34471

Current Mailing Address:

2101 S.W. 20TH PLACE
OCALA, FL 34474

New Mailing Address:

2101 S.W. 20TH PLACE
OCALA, FL 34471

FEI Number: 20-3040105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUTCH, WILLIAM R
610 S.W. 17TH STREET
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCGHEE, ROBERT J D.O.
Address: 2101 S.W. 20TH PLACE
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: DAS, CHANDRANATH M.D.
Address: 2101 S.W. 20TH PLACE
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCGHEE, ROBERT J D.O.
Address: 2101 S.W. 20TH PLACE
City-St-Zip: OCALA, FL 34471

Title: D (X) Change () Addition
Name: DAS, CHANDRANATH M.D.
Address: 2101 S.W. 20TH PLACE
City-St-Zip: OCALA, FL 34471

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: J. ROBERT MCGHEE, D.O.

D

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date