


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000023964</b> 1. Entity Name <b>ECONFINA CARDIOLOGY ESTATES, INC.</b>	
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Principal Place of Business <b>504 CHERRY ST PANAMA CITY, FL 32401</b>	Mailing Address <b>504 CHERRY ST PANAMA CITY, FL 32401</b>
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01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>34-1978535</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WALTERS, ELIZABETH J 221 MCKENZIE AVENUE PANAMA CITY, FL 32401</b>
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

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02/01/07-80058-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, JAMES T III 504 CHERRY ST PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANER, THOMPSON C 801 EAST 6TH STREET, SUITE 504 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRANHAM, J.L. 801 EAST 6TH STREET, SUITE 504 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES, MICHAEL J 801 EAST 6TH STREET, SUITE 504 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BADDIGAM, HARI K 801 EAST 6TH STREET, SUITE 504 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:  1-26-07 (850) 769-8521  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #