

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2008 08:00 AM**  
**Secretary of State**

|                                                                  |                                                                                   |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P06000066766</b>                                   |  |
| 1. Entity Name<br><b>TALLAHASSEE CARDIOLOGY ASSOCIATES, P.A.</b> |                                                                                   |

|                                                                                           |                                                                               |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Principal Place of Business<br><b>2617 MITCHAM DR., STE. 102<br/>TALLAHASSEE FL 32308</b> | Mailing Address<br><b>2617 MITCHAM DR., STE. 102<br/>TALLAHASSEE FL 32308</b> |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| State, Apt. #, etc.                            |         | State, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

1st MOORE CR2E034 (10/07)

|                                                                                                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>BAKER, JOSEPH M.D.<br/>2617 MITCHAM DR., STE. 102<br/>TALLAHASSEE FL 32308</b> |  |
|------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| FL                                                 | Zip Code |

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.

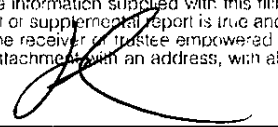
SIGNATURE \_\_\_\_\_ (Signature typed or printed name of registered agent on file. The place.) (NOTE: Registered Agent's signature required when appointing) DATE \_\_\_\_\_

|                                                                                                                                                 |                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                              |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BAKER, JOSEPH C<br>2617 MITCHAM SR STE 102<br>TALLAHASSEE FL 32308 <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BACHTAL, MICHELLE D<br>2617 MITCHAM DR STE 102<br>TALLAHASSEE FL 32308 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                    |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>U00000843900<br>03/21/08-80039-014 150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **Joseph C. Baker, M.D.** 2/12/08 850 656 7265  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR