

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91229 037 \*\*\*150.00

**DOCUMENT # P33001**

1. Entity Name  
MEDCATH OF NORTH CAROLINA, INC.



Principal Place of Business Mailing Address  
10720 SIKES PL 10720 SIKES PL  
300 300  
CHARLOTTE, NC 28277 US CHARLOTTE, NC 28277 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04272004 Chg-P CR2E034 (10/03)

4. FEI Number 56-1635096 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

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 \_\_\_\_\_ 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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	PUCKETT, STEPHEN R	
STREET ADDRESS	10720 SIKES PLACE SUITE 300	
CITY-ST-ZIP	CHARLOTTE, NC 28277	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARRIS, JAMES E	
STREET ADDRESS	10720 SIKES PLACE SUITE 300	
CITY-ST-ZIP	CHARLOTTE, NC 28277	
TITLE	V	<input type="checkbox"/> Delete
NAME	HEARN, THOMAS K III	
STREET ADDRESS	10720 SIKES PLACE SUITE 300	
CITY-ST-ZIP	CHARLOTTE, NC 28277	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CRANE, DAVID	
STREET ADDRESS	10720 SIKES PLACE SUITE 300	
CITY-ST-ZIP	CHARLOTTE, NC 28277	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MOORE, WILLIAM R. JR.	
STREET ADDRESS	10720 SIKES PLACE SUITE 300	
CITY-ST-ZIP	CHARLOTTE, NC 28277	
TITLE	V	<input type="checkbox"/> Delete
NAME	SONG, PHIL	
STREET ADDRESS	10720 SIKES PLACE SUITE 300	
CITY-ST-ZIP	CHARLOTTE, NC 28277	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John T. Coley - DP
STREET ADDRESS	10720 SIKES PLACE, STE 300
CITY-ST-ZIP	CHARLOTTE NC 28277
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James R. Coley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04  
Date

704-708-6610  
Daytime Phone #