

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000038454

FILED
Jan 17, 2005
Secretary of State

Entity Name: ST. AUGUSTINE CARDIOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

201 HEALTH PARK BLVD.
SUITE 105
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

201 HEALTH PARK BLVD.
SUITE 105
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3241239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEORGE, FERRIS MD
201 HEALTH PARK BLVD.
SUITE 105
ST. AUGUSTINE, FL 32086 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: GEORGE, FERRIS MD
Address: 514 13TH STREET N BEACH
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: SIGNOR, ROBERT N JR, MD
Address: 3817 HICKORY LANE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: P (X) Delete
Name: KELSEY, ROBERT C MD
Address: 3891 HICKORY LANE
City-St-Zip: ST AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FERRIS E. GEORGE,

MD

01/17/2005

Electronic Signature of Signing Officer or Director

Date