


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000038454 1. Entity Name ST. AUGUSTINE CARDIOLOGY ASSOCIATES, P.A.	
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Principal Place of Business 201 HEALTH PARK BLVD. SUITE 105 ST. AUGUSTINE, FL 32086	Mailing Address 201 HEALTH PARK BLVD. SUITE 105 ST. AUGUSTINE, FL 32086
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02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3241239	Applied For Not Applicable
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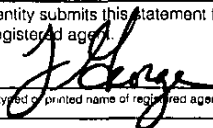
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GEORGE, FERRIS MD 201 HEALTH PARK BLVD. SUITE 105 ST. AUGUSTINE, FL 32086

**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:  (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, FERRIS MD 514 13TH STREET N BEACH ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIGNOR, ROBERT N JR, MD 3817 HICKORY LANE ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/16/07-80002-006 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/02-07 904 824.1776