FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -7 AM 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000078067 (3)**

1. Entity Name

CARDIOLOGY ASSOCIATES OF ST PETERSBURG, P.A.

Principal Place of Business	Mailing Address
3820 GULF BLVD PENTHOUSE ONE ST PETERSBURG FL 33707	3820 GULF BLVD PENTHOUSE ONE ST PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/21/1994** | 3a. Date of Last Report:

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **59 3255192**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MASON, JAMES L 3820 GULF BLVD PENTHOUSE ONE ST PETERSBURG FL 33707	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: James L. Mason — JAMES L. MASON, DIRECTOR — 4-3-95
(Name of Registered Agent (typed or printed)) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95
TITLE: D NAME: MASON, JAMES L STREET ADDRESS: 1609 PASADENA AVE SOUTH SUITE 4-M CITY-ST-ZIP: ST PETERSBURG FL 33707	☐ Change ☐ Addition
TITLE: D NAME: GARNER, KEVIN F STREET ADDRESS: 1609 PASADENA AVE SOUTH SUITE 4-M CITY-ST-ZIP: ST PETERSBURG FL 33707	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, complete, and 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 a director or officer 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 12 or Block 13 with an address.

SIGNATURE: James L. Mason — JAMES L. MASON, DIRECTOR — 4/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Title — Date