

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000078067 (3)

1. Corporation Name

CARDIOLOGY ASSOCIATES OF ST PETERSBURG, P.A.

Principal Place of Business

3820 GULF BLVD PENTHOUSE ONE
ST PETERSBURG FL 33707

Mailing Address

3820 GULF BLVD PENTHOUSE ONE
ST PETERSBURG FL 33707

APPROVED
AND
FILED

95 APR -7 AM 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized

10/21/1994

3a. Date of Last Report

2. Principal Place of Business

21

State Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2b. Mailing Address

26

State Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

593255192

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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 607.0507 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 607.0508, Florida Statutes.

SIGNATURE

James L. Mason

JAMES L. MASON, DIRECTOR

4-3-95

(Signature of person making statement, if not the registered agent, must be signed by the registered agent)

(Signature of Registered Agent, if not the registered agent, must be signed by the registered agent)

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS
1. NAME MASON, JAMES L 2. STREET ADDRESS 1609 PASADENA AVE SOUTH SUITE 4-M 3. CITY & STATE ST PETERSBURG FL 33707
4. NAME D 5. STREET ADDRESS GARNER, KEVIN F 1609 PASADENA AVE SOUTH SUITE 4-M 6. CITY & STATE ST PETERSBURG FL 33707
7. NAME D 8. STREET ADDRESS GARNER, KEVIN F 1609 PASADENA AVE SOUTH SUITE 4-M 9. CITY & STATE ST PETERSBURG FL 33707
10. NAME D 11. STREET ADDRESS GARNER, KEVIN F 1609 PASADENA AVE SOUTH SUITE 4-M 12. CITY & STATE ST PETERSBURG FL 33707
13. NAME D 14. STREET ADDRESS GARNER, KEVIN F 1609 PASADENA AVE SOUTH SUITE 4-M 15. CITY & STATE ST PETERSBURG FL 33707
16. NAME D 17. STREET ADDRESS GARNER, KEVIN F 1609 PASADENA AVE SOUTH SUITE 4-M 18. CITY & STATE ST PETERSBURG FL 33707
19. NAME D 20. STREET ADDRESS GARNER, KEVIN F 1609 PASADENA AVE SOUTH SUITE 4-M 21. CITY & STATE ST PETERSBURG FL 33707
22. NAME D 23. STREET ADDRESS GARNER, KEVIN F 1609 PASADENA AVE SOUTH SUITE 4-M 24. CITY & STATE ST PETERSBURG FL 33707
25. NAME D 26. STREET ADDRESS GARNER, KEVIN F 1609 PASADENA AVE SOUTH SUITE 4-M 27. CITY & STATE ST PETERSBURG FL 33707
28. NAME D 29. STREET ADDRESS GARNER, KEVIN F 1609 PASADENA AVE SOUTH SUITE 4-M 30. CITY & STATE ST PETERSBURG FL 33707

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

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1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. NAME 5. STREET ADDRESS 6. CITY & STATE 7. NAME 8. STREET ADDRESS 9. CITY & STATE 10. NAME 11. STREET ADDRESS 12. CITY & STATE 13. NAME 14. STREET ADDRESS 15. CITY & STATE 16. NAME 17. STREET ADDRESS 18. CITY & STATE 19. NAME 20. STREET ADDRESS 21. CITY & STATE 22. NAME 23. STREET ADDRESS 24. CITY & STATE 25. NAME 26. STREET ADDRESS 27. CITY & STATE 28. NAME 29. STREET ADDRESS 30. CITY & STATE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this corporation or the registered agent or have been empowered to execute this report as required by Chapter 167, Florida Statutes, and that my name appears in Block 12 of this filing, or in an attachment with an address.

SIGNATURE:

James L. Mason

(Signature and typed or printed name of signing officer or director)

JAMES L. MASON, DIRECTOR

4/3/95