

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000064640 (2)**
1. Corporation Name
CARDIOLOGY ASSOCIATES OF CENTRAL FLORIDA, P.A.



Principal Place of Business
**121 NW THIRD STREET
OCALA FL 34475-6695**

Mailing Address
**121 NW THIRD STREET
OCALA FL 34475-6695**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2101 SW 20th Place Suite, Apt. #, etc. 22 City & State 23 Ocala, FL Zip 24 34474		2a. Mailing Address 26 2101 SW 20th Place Suite, Apt. #, etc. 27 City & State 28 Ocala, FL Zip 29 34474		3. Date Incorporated or Qualified 08/22/1995	
				4. FEI Number 65-0618344	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SIMONS, GARY C 121 NW THIRD STREET OCALA FL 34475-6695		10. Name and Address of New Registered Agent 81 Name Beverly Lambert 82 Street Address (P.O. Box Number is Not Acceptable) 2100 SE 17th Street, Suite 300 83 84 City Ocala FL 85 Zip Code 34475	
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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 *Bruce A. Lanier* DATE **2/23/98**
Signature, typed or printed name of registered agent and date if applicable (Not E-Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACKIN, DAVID A MD	1.2 NAME	
STREET ADDRESS	1040 SW FIRST AVENUE	1.3 STREET ADDRESS	2101 SW 20th Place
CITY-ST-ZIP	OCALA FL 34474	1.4 CITY-ST-ZIP	Ocala, FL 34474
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGHEE, J R	2.2 NAME	
STREET ADDRESS	3200 SW 27TH AVENUE	2.3 STREET ADDRESS	2101 SW 20th Place
CITY-ST-ZIP	OCALA FL 34474	2.4 CITY-ST-ZIP	Ocala, FL 34474
TITLE	DST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAS, CHANDRANATH L	3.2 NAME	
STREET ADDRESS	3200 SW 27TH AVE.	3.3 STREET ADDRESS	2101 SW 20th Place
CITY-ST-ZIP	OCALA FL 34474	3.4 CITY-ST-ZIP	Ocala, FL 34474
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 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 if changed, or on an attachment with an address.

SIGNATURE: *J. Robert McGhee, Jr.* **362-237-5944**

CR2E034 (10/97)