

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000090713

FILED
May 07, 2007
Secretary of State**Entity Name:** STUART CARDIOLOGY GROUP, P.A.**Current Principal Place of Business:**1001 SE MONTEREY COMMONS BLVD
300
STUART, FL 34996**New Principal Place of Business:****Current Mailing Address:**1001 SE MONTEREY COMMONS BLVD
300
STUART, FL 34996**New Mailing Address:****FEI Number:** 65-0701827**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SOPKO, JAMES
853 SE MONTEREY COMMONS BLVD
STUART, FL 34996 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

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: BRADLEY, JAMES
Address: 1001 SE MONTEREY COMMONS BLVD
City-St-Zip: STUART, FL 34996

Title: DR () Delete
Name: GAGE, JOSEPH S
Address: 1001 SE MONTEREY COMMONS BLVD
City-St-Zip: STUART, FL 34994

Title: DR () Delete
Name: MUFSON, LARRY H
Address: 1001 SE MONTEREY COMMONS BLVD
City-St-Zip: STUART, FL 34994

Title: DR () Delete
Name: BENNETT, NORMAN E MD
Address: 1001 SE MONTEREY COMMONS BLVD
City-St-Zip: STUART, FL 34996

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: DR () Change (X) Addition
Name: EVERSE, AMY M MD
Address: 1001 SE MONTEREY COMMONS BLVD
City-St-Zip: STUART, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSEPH S. GAGE

MD

05/07/2007

Electronic Signature of Signing Officer or Director

Date