## 2002 UNIFORM BUSINESS REPORT (UBR)

Secretary of State CARDIOLOGY ASSOCIATES OF TALLAHASSEE, P.A.  Principal Pener of Business Melling Address 1428 RIGGINS RD 1428 RIGGINS RD 1428 RIGGINS RD 20 Country 20 Country 20 Country 30 Country 4. FC Number 65-0736561 No Acceptable  20 Country 5. Certificate of Status Deserve 4. FC Number 65-0736561 No Acceptable  20 Country 5. Certificate of Status Deserve 5. State Agit. V. etc.  DIV 6. State  City 7. Nume and Address of New Registered Agent Annual  Scoot Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE FL 32308  City 7. Nume and Address of New Registered Agent Annual  Scoot Address (P.O. Box Number is Not Acceptable)  The acceptable of State Agit. V. etc.  Since Agit. V. etc.  DO NOT Well (E. In THIS SPACE  DO NOT Well (E. In THIS SPACE  Not Acceptable)  State Agit. V. etc.  DO NOT Well (E. In THIS SPACE  Acceptable for Not Acceptable)  State Agit. V. etc.  DO NOT Well (E. In THIS SPACE  State Agit. V. etc.  DO NOT Well (E. In THIS SPACE  State Agit. V. etc.  DO NOT Well (E. In THIS SPACE  State Agit. V. etc.  DO NOT Well (E. In THIS SPACE  State Agit. V. etc.  DO NOT Well (E. In THIS SPACE  State Agit. V. etc.  DO NOT Well (E. In THIS SPACE  State Agit. V. etc.  DO NOT Well (E. In THIS SPACE  State Agit. V. etc.  State Agit. V. etc.  DO NOT Well (E. In THIS SPACE  State Agit. V. etc.  State Agit. V. etc.  DO NOT Well (E. In THIS SPACE  State Agit. V. etc.  State Agit. V. etc.  State Agit. V. etc.  DO NOT Well (E. In THIS SPACE  State Agit. V. etc.  State Agit. V. etc.  State Agit. V. etc.  DO NOT Well (E. In THIS SPACE  State Agit. V. etc.  Stat	2002 UNIFORM BUSINESS REPORT (UBR)								FILED					
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Zip Country Zip Country S. Cartificate of Satus Desired S. S. Cartificate of Satus Desired Section Se	City & Stat	te			City & State				65-0/36561					
6. Name and Address of Current Registered Agent  DALAL, JYOTSNA MD 1628 RIGGINS RD TALLAHASSEE FL 32308  Sircet Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porida.  SIGNATURE  Symbia. Inpot or sevent mans of rigitated east of time depths and in the purpose of changing its registered office or registered agent, or both, in the State of Porida.  SIGNATURE  Symbia. Inpot or sevent mans of rigitated east of time depths and in the purpose of changing its registered office or registered agent, or both, in the State of Porida.  SIGNATURE  Symbia. Inpot or sevent mans of rigitated east of time depths and in the purpose of changing its registered office or registered agent, or both, in the State of Porida.  SIGNATURE  Symbia. Inpot or sevent mans of rigitated east of time depths and in the State of Porida.  SIGNATURE  Symbia. Inpot or sevent mans of rigitated east of time depths and in the State of Porida.  SIGNATURE  Symbia. Inpot or sevent mans of rigitated east of time depths and interest of State of Registered Agent Age	Zip		Country	<del></del>	Zip	ntry	5.		\$	8.75 Ad	ditional	1		
DALAL, JYOTSNA MD 1626 RIGGINS RD TALLAHASSEE FL 32308  City FL Zip Code  6. The above named entity submits this datement for the purpose of changing its registered office or registered agent, or both, in the State of Horida.  SIGNATURE Signature found or signification of the purpose of changing its registered agent, or both, in the State of Horida.  SIGNATURE 9. This corporation is eligible to satisfy its Intangible Task fing requirement and elects to do so. After May 1, 2002 Fee will be \$55.00 May Be Added to Fees Added to Fees Added to Fees Trust Fund Contribution. Comparign Financing State May Be Added to Fees Trust Fund Contribution. Comparign Financing Addition Finance Part May Be Added to Fees Trust Fund Contribution. Comparign Financing State Finance Part May Be Added to Fees Trust Fund Contribution. Comparign Financing Addition Finance Part May Be Added to Fees Trust Fund Contribution. Comparign Financing State Finance Part Finance	6 Name and Address of Current E				gistered Agent	Fee Required						┥		
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TAILAHASSEE FL 32308  Cay FL Zip Code  8. The above namied entity submits this statement for the purpose of changing its registatored office or registered agent, or both, in the State of Fiorida.  SIGNATURE  Signature, breed or prime rained entity is thangible rask fly its Intangible rask flight grey trement and elects to do so (See contrain or back)  19. This corporation is eligible to satisfy its Intangible rask fly its Intangible r	•		)				Street Add	dress (P.O.	Box Number is Not Acceptable	е)			1	
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Signature, topic or private have of registered apert and site if appticable. NOTE: Registered Apert signature recurrer when infendancy:  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, 2002. Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1  ITILE  IMME  PSTD  DALAL, JYOTSNA MD  STREET ADDRESS  CITY-ST-2P  TALLAHASSEE FL 32308  TITLE  MAME  STREET ADDRESS  CITY-ST-2P  TITLE  MAME  STREET ADDRESS  CITY-ST	o. The above	marico crisc	y Subilities tille	Statement for th	e purpose or crianging its	register	ed onice of t	egistered a	gent, or both, in the state of the	onda.				
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR