

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

FILED
Jan 30 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 # P97000093357 (6)
 1. Corporation Name
CARDIOLOGY PHARMACOTHERAPY RESOURCES, INC.



Principal Place of Business 5313 JOHNS RD., STE. 201 TAMPA FL 33634	Mailing Address 5313 JOHNS RD., STE. 201 TAMPA FL 33634
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 10/29/1997	
4. FEI Number 59-3477935	Applied For <input type="checkbox"/> Not Applicable
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

DAGOSTINO, FRANK
5313 JOHNS RD., STE. 201
TAMPA FL 33634

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <i>Jody</i> SIMON, JODY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, JODY	1.2 NAME	
STREET ADDRESS	5313 JOHNS RD., STE. 201	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAGOSTINO, JODY	2.2 NAME	DAGOSTINO, FRANK
STREET ADDRESS	5313 JOHNS RD., STE. 201	2.3 STREET ADDRESS	5313 JOHNS RD., STE 201
CITY-ST-ZIP	TAMPA FL 33634	2.4 CITY-ST-ZIP	TAMPA, FL 33634
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMAN, JERRY L	3.2 NAME	
STREET ADDRESS	5313 JOHNS RD., STE. 201	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTORFF, MICHAEL B	4.2 NAME	
STREET ADDRESS	5313 JOHNS RD., STE. 201	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JULIE A	5.2 NAME	
STREET ADDRESS	5313 JOHNS RD., STE. 201	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, LARRY M	6.2 NAME	
STREET ADDRESS	5313 JOHNS RD., STE. 201	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	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 *Frank Dagostino 1/21/98 (813) 261-0012*

CR2E034 (10/97)