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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000093357

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/29/1997

4. FEI Number
59-3477935

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, JUDY	1.2 NAME	Jody Simon
STREET ADDRESS	5313 JOHNS RD., STE. 201	1.3 STREET ADDRESS	5313 Johns Rd, Ste. 201
CITY-ST-ZIP	TAMPA FL 33634	1.4 CITY-ST-ZIP	Tampa, FL 33634
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAGOSTINO, JOEY	2.2 NAME	
STREET ADDRESS	5313 JOHNS RD., STE. 201	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	2.4 CITY-ST-ZIP	
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)(f), 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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

3/16/99 **813 261 0062**
Date Daytime Phone #

CR2034 (11/98)