

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000068054**

1. Entity Name

CARDIOLOGY PHYSICIANS AND CONSULTANTS, INC.

Principal Place of Business

**695 N CLYDE MORRIS
DAYTONA BEACH FL 32115**

Mailing Address

**695 N CLYDE MORRIS
DAYTONA BEACH FL 32115**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**KLANCKE, KIM M.D.
695 N. CLYDE MORRIS BLVD
DAYTONA BEACH FL 32115**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARLEY, JAMES M.D.	
STREET ADDRESS	611 N. CLYDE MORRIS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	KLANCKE, KIM M.D.	
STREET ADDRESS	695 N. CLYDE MORRIS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	

TITLE	STD	<input type="checkbox"/> Delete
NAME	HENDERSON, DAVID M.D.	
STREET ADDRESS	611 N. CLYDE MORRIS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with or without the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90049 033 ***150.00

C0035017

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3529482**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CR2E034 (10/00)

3/7/01 386-258-8722
Date Daytime Phone #