

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068054

FILED  
Apr 21, 2005  
Secretary of State

Entity Name: CARDIOLOGY PHYSICIANS AND CONSULTANTS, INC.

## Current Principal Place of Business:

695 N CLYDE MORRIS  
DAYTONA BEACH, FL 32115

## New Principal Place of Business:

695 N CLYDE MORRIS  
DAYTONA BEACH, FL 32114

## Current Mailing Address:

695 N CLYDE MORRIS  
DAYTONA BEACH, FL 32115

## New Mailing Address:

695 N CLYDE MORRIS  
DAYTONA BEACH, FL 32114

FEI Number: 59-3529482

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

KLANCKE, KIM A M.D.  
695 N CLYDE MORRIS BLVD  
DAYTONA BEACH, FL 32114 US

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: KIM A KLANCKE

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KLANCKE, KIM M.D.  
Address: 695 N. CLYDE MORRIS BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32115

Title: STD ( ) Delete  
Name: HENDERSON, DAVID M.D.  
Address: 611 N. CLYDE MORRIS BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32115

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: KLANCKE, KIM M.D.  
Address: 695 N. CLYDE MORRIS BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: STD (X) Change ( ) Addition  
Name: HENDERSON, DAVID M.D.  
Address: 611 N. CLYDE MORRIS BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KIM A KLANCKE MD

PRES

04/21/2005

Electronic Signature of Signing Officer or Director

Date