FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S20907** **(9)**

1. Corporate Name

CARDIOLOGY CONSULTANTS OF JACKSONVILLE AND ORANG E PARK, P.A.

Principal Place of Business	Mailing Address
820 PRUDENTIAL DRIVE SUITE 112 JACKSONVILLE FL 32207-8204	820 PRUDENTIAL DRIVE SUITE 112 JACKSONVILLE FL 32207-8204

DO NOT WRITE IN THIS SPACE

3. Date Fiscal Year-End Changed: 12/14/1990	3a. Date of Last Report: 06/08/1994
4. FEI Number: 59-3038926	Applied For ☐ Not Applicable ☐
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 has liability for intangible tax under s. 199.052, Florida Statutes* ☑ Yes ☐ No	

21 2a. Principal Place of Business: Suite, Apt. #, etc. 22; City & State 23; Zip 24; County 25

26 2b. Mailing Address: Suite, Apt. #, etc. 27; City & State 28; Zip 29; County 30

9. Name and Address of Current Registered Agent

ALLEN, BRINTON & SIMMONS, P.A.
3220 INDEPENEDENT SQUARE
JACKSONVILLE FL 32202

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 607.1008, 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: (of New Registered Agent, if changed) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	P	11 TITLE	☐ Change ☐ Addition
02 NAME	PAUL H. DILLAHUNT	12 NAME	
03 STREET ADDRESS	820 PRUDENTIAL DR., #112	13 STREET ADDRESS	
04 CITY, ST, ZIP	JACKSONVILLE FL	14 CITY, ST, ZIP	
05 TITLE	VPS	21 TITLE	☐ Change ☐ Addition
06 NAME	JAMES C. CAMPBELL	22 NAME	
07 STREET ADDRESS	820 PRUDENTIAL DR., #112	23 STREET ADDRESS	
08 CITY, ST, ZIP	JACKSONVILLE FL	24 CITY, ST, ZIP	
09 TITLE	VPT	31 TITLE	☐ Change ☐ Addition
10 NAME	OMAR F. DAJANI	32 NAME	
11 STREET ADDRESS	820 PRUDENTIAL DR., #112	33 STREET ADDRESS	
12 CITY, ST, ZIP	JACKSONVILLE FL	34 CITY, ST, ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY, ST, ZIP		44 CITY, ST, ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY, ST, ZIP		54 CITY, ST, ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I/We hereby certify that the information supplied with this report is complete, true and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 13 above, or on an attachment with an entry.

SIGNATURE: *[signature]* 5/1/95

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date

0018788 CP