


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # S20907 (9)
1. Corporation Name
CARDIOLOGY CONSULTANTS OF JACKSONVILLE AND ORANGE PARK, P.A.

Principal Place of Business 820 PRUDENTIAL DRIVE SUITE 112 JACKSONVILLE FL 32207-8204	Mailing Address 3599 UNIVERSITY S BLVD SUITE 1106 JACKSONVILLE FL 32216 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3599 University Blvd S. Suite, Apt. #, etc. 22 Suite 1102 City & State 23 Jacksonville, Fla. Zip 24 32216 Country 25 USA	2a. Mailing Address 26 3599 University Blvd S. Suite, Apt. #, etc. 27 Suite 1102 City & State 28 Jacksonville, Fla. Zip 29 32216 Country 30 USA	3. Date Incorporated or Qualified 12/14/1990 3a. Date of Last Report 01/30/1996 4. FEI Number 59-3038926 Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

9. Name and Address of Current Registered Agent ALLEN, BRINTON & SIMMONS, P.A. 3220 INDEPENDENT SQUARE JACKSONVILLE FL 32202	10. Name and Address of New Registered Agent 81 Name Allen, Brinton & Simmons, PA 82 Street Address (P.O. Box Number is Not Acceptable) 1 Independent Drive, Suite 3200 83 84 City Jacksonville FL 85 Zip Code 32202
---	---

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 NAME STREET ADDRESS CITY-ST-ZIP	P PAUL H. DILLAHUNT 820 PRUDENTIAL DR., #112 JACKSONVILLE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS JAMES C. CAMPBELL 820 PRUDENTIAL DR., #112 JACKSONVILLE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3599 University Blvd S., Suite 1106 Jacksonville, Fla. 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT OMAR F. DAJANI 820 PRUDENTIAL DR., #112 JACKSONVILLE FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2021 Kingsley Avenue, St. 104 Orange Park, Fla. 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 registered 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 addendum with an address.

SIGNATURE _____

CR2E034 (4/97)

8/4/97