

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S20907

1. Entity Name

CARDIOLOGY CONSULTANTS OF JACKSONVILLE AND ORANG

Principal Place of Business

820 PRUDENTIAL DR
615
JACKSONVILLE FL 32207
US

Mailing Address

820 PRUDENTIAL DR
615
JACKSONVILLE FL 32207
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3038926

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, BRINTON & SIMMONS, P.A.
1 INDEPENDENT DR STE 3200
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name
Stoneburner Berry Goldman & Simmons, PA

Street Address (P.O. Box Number is Not Acceptable)
225 Water Street, Suite 2050

City
Jacksonville

FL

Zip Code
32202

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PAUL H. DILLAHUNT
820 PRUDENTIAL DR., #112
JACKSONVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
JAMES C. CAMPBELL
3599 UNIVERSITY BLVD S STE 1106
JACKSONVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
OMAR F. DAJANI
2021 KINGSLEY AVE STE 104
ORANGE PARK FL

☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

001383

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90031 010 ***150.00

11/18/01