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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S62411** **(1)**

1. Corporation Name
SOUTH BAY CARDIOLOGY CENTER, P.A.

Principal Place of Business	Mailing Address
1901 HAVERFORD AVE. SUITE 111 SUNCITY CENTER FL 33573	1901 HAVERFORD AVE. SUITE 111 SUNCITY CENTER FL 33573

3. Date Incorporated or Qualified: **06/26/1991**
3a. Date of Last Report: **06/23/1995**

2. Principal Place of Business
21 81 Low Brace Road
Suite, Apt. #, etc.
22
City & State
23 Franklin, NC
Zip
24 28734
Country
25 Macon

2a. Mailing Address
26 81 Low Brace Road
Suite, Apt. #, etc.
27
City & State
28 Franklin, NC
Zip
29 28734
Country
30 Macon

4. FEI Number: **65-0273567** [ ] 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. 199.032, Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

BEARD, ROBERT G JR
16644 VALLELY DR
SUITE 2560
TAMPA FL 33618

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 607.1508, 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 _____ (Signature, type or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required for each change listed) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	ABERNATHY, GEORGE T MD	
STREET ADDRESS	1901 HAVERFORD AVE S111	
CITY-ST-ZIP	SUN CITY FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer & Secretary	[X] Change [X] Addition
1.2 NAME		
1.3 STREET ADDRESS	81 Low Brace Road	
1.4 CITY-ST-ZIP	Franklin, North Carolina 28734	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 receiver 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 attachment with an address.

SIGNATURE: George T. Abernathy Vice President Director 3/29/96 704/369-4480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #