

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S62411** (1)

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



Principal Place of Business <b>81 LOW BRACE ROAD FRANKLIN NC 28734 US</b>	Mailing Address <b>81 LOW BRACE ROAD FRANKLIN NC 28734-6814 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/26/1991</b>	3a. Date of Last Report <b>04/10/1996</b>
21 Suite, Apt. #, etc.	26 <b>16644 Valley Drive</b>	4. FEI Number <b>65-0273567</b>		Applied For Not Applicable	
22 City & State	27 <b>Tampa, FL</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 <b>33618</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 <b>USA</b>	30 <b>USA</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BEARD, ROBERT G JR 16644 VALLEY DR SUITE 2560 TAMPA FL 33618</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TS</b>	1.1 TITLE	<b>Director / President</b>
NAME	<b>ABERNATHY, GEORGE T MD</b>	1.2 NAME	
STREET ADDRESS	<b>81 LOW BRACE ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FRANKLIN NC</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DIRECTOR</b>	2.1 TITLE	<b>DIRECTOR</b>
NAME		2.2 NAME	<b>Robert G. Beard, Jr.</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>16644 Valley Drive</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Tampa, Florida 33618</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: **Robert G. Beard Jr.** 4/29/97 813143-0251

CR2E034 (9/96)