

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S92998

FILED
Jan 29, 2008
Secretary of State

Entity Name: OKALOOSA CARDIOLOGY, P.A.

Current Principal Place of Business:

129 EAST REDSTONE AVENUE
SUITE A
CRESTVIEW, FL 32539

Current Mailing Address:

129 EAST REDSTONE AVENUE
SUITE A
CRESTVIEW, FL 32539

New Principal Place of Business:

129 EAST REDSTONE AVENUE
SUITE A
CRESTVIEW, FL 32539 US

New Mailing Address:

129 EAST REDSTONE AVENUE
SUITE A
CRESTVIEW, FL 32539 US

FEI Number: 59-3093454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMICH, KEVIN M ESQUIRE
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KATZENSTEIN, MARK J MD
Address: 129 EAST REDSTONE AVENUE, SUITE A
City-St-Zip: CRESTVIEW, FL 32539

Title: VPD () Delete
Name: PEDONE, JOSEPH A MD
Address: 129 EAST REDSTONE AVENUE, SUITE A
City-St-Zip: CRESTVIEW, FL 32539

Title: STD () Delete
Name: YANDEL, MICHAEL L MD
Address: 129 EAST REDSTONE AVENUE, SUITE A
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KATZENSTEIN, MARK J MD
Address: 129 EAST REDSTONE AVENUE, SUITE A
City-St-Zip: CRESTVIEW, FL 32539 US

Title: VPD (X) Change () Addition
Name: PEDONE, JOSEPH A MD
Address: 129 EAST REDSTONE AVENUE, SUITE A
City-St-Zip: CRESTVIEW, FL 32539 US

Title: STD (X) Change () Addition
Name: YANDEL, MICHAEL L MD
Address: 129 EAST REDSTONE AVENUE, SUITE A
City-St-Zip: CRESTVIEW, FL 32539 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK J. KATZENSTEIN, M.D.

PD

01/29/2008

Electronic Signature of Signing Officer or Director

Date