

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S92998

FILED  
Jan 10, 2011  
Secretary of State

Entity Name: OKALOOSA CARDIOLOGY, P.A.

**Current Principal Place of Business:**

129 EAST REDSTONE AVENUE  
SUITE A  
CRESTVIEW, FL 32539 US

**New Principal Place of Business:**

**Current Mailing Address:**

129 EAST REDSTONE AVENUE  
SUITE A  
CRESTVIEW, FL 32539 US

**New Mailing Address:**

FEI Number: 59-3093454

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEDONE, JOSEPH A MD  
129 EAST REDSTONE AVENUE  
SUITE A  
CRESTVIEW, FL 32539 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

**OFFICERS AND DIRECTORS:**

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

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

Title: STD  
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 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 all other like empowered.

SIGNATURE: JOSEPH A PEDONE

VP

01/10/2011

Electronic Signature of Signing Officer or Director

Date