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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 28 1996 8:00 am
Secretary of State

DOCUMENT # V36153 (7)

1. Corporation Name

CLAY CARDIOLOGY ASSOCIATES, P.A.

Principal Place of Business

**1409 KINGSLEY AVENUE
BLD. #3
ORANGE PARK FL 32073**

Mailing Address

**1409 KINGSLEY AVENUE
BLD. #3
ORANGE PARK FL 32073**

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 2982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

Jacksonville, Florida

24

Zip

Country

29

Zip

Country

32203

Duval

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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, typed or printed name of registered agent and title, if applicable

(Not for Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	ALOSILLA, CARLOS E M.D.	1409 KINGSLEY AVE, STE 3	ORANGE PARK FL	<input type="checkbox"/>
D	BELL, WILLIE W. M.D.	1409 KINGSLEY AVE, STE. 3	ORANGE PARK FL	<input type="checkbox"/>
D	FERREE, JOEL W., M.D.	1409 KINGSLEY AVE, STE. 3	ORANGE PARK FL	<input type="checkbox"/>
D	PILCHER, GEORGE S JR.	1409 KINGSLEY AVE., STE. 3	ORANGE PARK FL	<input type="checkbox"/>
D	PHILLIPS, ERNEST C M.D.	1409 KINGSLEY AVE., STE 3	ORANGE FL	<input type="checkbox"/>
				<input type="checkbox"/>

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

904-3877544

CR2E034 (12/95)