

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F64894

FILED
Apr 29, 2014
Secretary of State
CC3387679180

Entity Name: CARDIOLOGY PHYSICIANS, P.A.

Current Principal Place of Business:

305 MEMORIAL MEDICAL PKWY.
SUITE 301
DAYTONA BEACH, FL 32117

Current Mailing Address:

305 MEMORIAL MEDICAL PKWY.
SUITE 301
DAYTONA BEACH, FL 32117 US

FEI Number: 59-2163944

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARLEY, JAMES E.
305 MEMORIAL MEDICAL PKWY.
SUITE 301
DAYTONA BEACH, FL 32117 US

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

Officer/Director Detail :

Title ST
Name WALKER, JOHN L MD
Address 305 MEMORIAL MEDICAL PKWY., STE 301
City-State-Zip: DAYTONA BEACH FL 32117

Title P
Name CARLEY, JAMES E MD
Address 305 MEMORIAL MEDICAL PKWY., STE 301
City-State-Zip: DAYTONA BEACH FL 32117

Title VP
Name ARAB, DINESH MD
Address 305 MEMORIAL MEDICAL PKWY., STE 301
City-State-Zip: DAYTONA BEACH FL 32117

Title VP
Name HENDERSON, DAVID A M.D.
Address 305 MEMORIAL MEDICAL PKWY., STE 301
City-State-Zip: DAYTONA BEACH FL 32117

Title VP
Name JAMIDAR, HUMAYUN, A., M.D.
Address 311 N. CLYDE MORRIS BLVD., STE.320
City-State-Zip: DAYTONA BEACH FL 32114

Title VP
Name QUADRAT, OTAKAR M.D.
Address 311 N. CLYDE MORRIS BLVD., STE. 320
City-State-Zip: DAYTONA BEACH FL 32174

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: JAMES CARLEY

PRESIDENT

04/29/2014

Electronic Signature of Signing Officer/Director Detail

Date