

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F64894

**FILED**  
**Apr 15, 2013**  
**Secretary of State**  
**CC3948225465**

**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	Title	P
Name	WALKER, JOHN L MD	Name	CARLEY, JAMES E MD
Address	305 MEMORIAL MEDICAL PKWY., STE 301	Address	305 MEMORIAL MEDICAL PKWY., STE 301
City-State-Zip:	DAYTONA BEACH FL 32117	City-State-Zip:	DAYTONA BEACH FL 32117
Title	VP	Title	VP
Name	ARAB, DINESH MD	Name	HENDERSON, DAVID A M.D.
Address	305 MEMORIAL MEDICAL PKWY., STE 301	Address	305 MEMORIAL MEDICAL PKWY., STE 301
City-State-Zip:	DAYTONA BEACH FL 32117	City-State-Zip:	DAYTONA BEACH FL 32117
Title	VP	Title	VP
Name	JAMIDAR, HUMAYUN, A., M.D.	Name	QUADRAT, OTAKAR M.D.
Address	311 N. CLYDE MORRIS BLVD., STE.320	Address	311 N. CLYDE MORRIS BLVD., STE. 320
City-State-Zip:	DAYTONA BEACH FL 32114	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:** JIM CARLEY

P

04/15/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date