

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 24 PM 3:05

DOCUMENT # **H05934** (5)

1. Corporation Name

**MID-FLORIDA CARDIOLOGY SPECIALISTS, P.A.**

Principal Place of Business

Mailing Address

6001 VINELAND RD  
SUITE 118  
ORLANDO FL 32819

6001 VINELAND RD  
SUITE 118  
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

3a. Date of Last Report

05/31/1984

03/22/1994

4. FEI Number

59-2459073

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LORENZ, JAVIER, M.D.  
6001 VINELAND RD  
SUITE 118  
ORLANDO FL 32819

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

Javier Lorenz, M.D., F.A.C.C. - President

1/17/94

(Signature, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	JAVIER LORENZ, M.D.
STREET ADDRESS	6001 VINELAND RD., SUITE 118
CITY-ST-ZIP	ORLANDO FL
TITLE	VP
NAME	MARCOS S. HAZDAY, M.D.
STREET ADDRESS	6001 VINELAND RD. SUITE 118
CITY-ST-ZIP	ORLANDO FL
TITLE	S
NAME	ARNOLD M. EINHORN, M.D.
STREET ADDRESS	6001 VINELAND RD. SUITE 118
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARK S. GONZALEZ, M.D., F.A.C.C.	
1.3 STREET ADDRESS	6001 Vineland Rd Suite 118	
1.4 CITY-ST-ZIP	Orlando, Fl. 32819	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

407-351-5384