

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

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SUITE 118
ORLANDO FL 32819

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

g. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified: **05/31/1984**
3a. Date of Last Report: **01/24/1995**

4. FEI Number: **59-2459073**
Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has facility for intangible tax under s. 199.032, Florida Statutes: Yes No

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0692 and 607.1605, 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0692, Florida Statutes.

SIGNATURE: *[Signature]* **Javier Lorenz, M.D.** DATE: **03/26/96**

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	GONZALEZ, MARK S.	
STREET ADDRESS	6001 VINELAND ROAD, STE. 118	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARCOS S. HAZDAY, M.D.	
STREET ADDRESS	6001 VINELAND RD. SUITE 118	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ARNOLD M. EINHORN, M.D.	
STREET ADDRESS	6001 VINELAND RD. SUITE 118	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME	LOUIS KANTOUNIS, M.D.	
STREET ADDRESS	6001 Vineland RD #118	
CITY-ST-ZIP	Orlando, Florida 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PARTNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	LOUIS J. KANTOUNIS, M.D.	
13 STREET ADDRESS	6001 Vineland RD #118	
14 CITY-ST-ZIP	Orlando, Fl. 32819	
15 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME		
17 STREET ADDRESS		
18 CITY-ST-ZIP		
19 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME		
21 STREET ADDRESS		
22 CITY-ST-ZIP		
23 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME		
25 STREET ADDRESS		
26 CITY-ST-ZIP		
27 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME		
29 STREET ADDRESS		
30 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 119.07(3)(k), Florida Statutes. I further certify that the information in this report is an 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 the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as applicable, or as an attachment with an affidavit.

SIGNATURE: *[Signature]* **Javier Lorenz, M.D.** 407-351-5384

CR2E034 (12/95)