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FILED  
Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # H05934 (5)

1. Corporation Name  
MID-FLORIDA CARDIOLOGY SPECIALISTS, P.A.



Principal Place of Business  
6001 VINELAND RD  
SUITE 118  
ORLANDO FL 32819

Mailing Address  
6001 VINELAND RD  
SUITE 118  
ORLANDO FL 32819-7842

3. Date Incorporated or Qualified 05/31/1984  
3a. Date of Last Report 04/01/1996

2. Principal Place of Business  
21 5979 Vineland Rd.  
Suite, Apt. #, etc.  
22 Suite 109  
City & State  
23 Orlando, Florida  
Zip 24 32819 Country 25 USA

2a. Mailing Address  
26 5979 Vineland Rd.  
Suite, Apt. #, etc.  
27 Suite 109  
City & State  
28 Orlando, Florida  
Zip 29 32819 Country 30 USA

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 liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
LORENZ, JAVIER, M.D.  
6001 VINELAND RD  
SUITE 118  
ORLANDO FL 32819

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
5979 Vineland Rd. #109  
83  
84 City Orlando FL 85 Zip Code 32819

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 and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Javier Lorenz* President Javier Lorenz, M.D. DATE: 2/11/97  
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, MARK S.	1.2 NAME	
STREET ADDRESS	6001 VINELAND ROAD, STE. 118	1.3 STREET ADDRESS	5979 Vineland Rd. #109
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL. 32819
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	2.2 NAME	
STREET ADDRESS	MARCOS S. HAZDAY, M.D.	2.3 STREET ADDRESS	5979 Vineland Rd. #109
CITY-ST-ZIP	6001 VINELAND RD. SUITE 118	2.4 CITY-ST-ZIP	Orlando, FL. 32819
CITY-ST-ZIP	ORLANDO FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.2 NAME	
NAME	S	3.3 STREET ADDRESS	5979 Vineland Rd. #109
STREET ADDRESS	ARNOLD M. EINHORN, M.D.	3.4 CITY-ST-ZIP	Orlando, FL. 32819
CITY-ST-ZIP	6001 VINELAND RD. SUITE 118	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	ORLANDO FL	4.2 NAME	
TITLE	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	5979 Vineland Rd. #109
NAME	PART	4.4 CITY-ST-ZIP	Orlando, FL. 32819
STREET ADDRESS	KANTOUNIS, LOUIS J MD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	6001 VINELAND RD #118	5.2 NAME	
CITY-ST-ZIP	ORLANDO FL	5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the receiver 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, if applicable, or on an attachment with an address.

SIGNATURE: *Javier Lorenz* Javier Lorenz, M.D. President 2/11/97 407-351-5384  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)