

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H05934 (5)**

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



Principal Place of Business <b>5979 VINELAND RD                  SUITE 109                  ORLANDO FL 32819                  US</b>	Mailing Address <b>5979 VINELAND RD                  SUITE 109                  ORLANDO FL 32819                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 5979 Vineland Rd. Suite, Apt. #, etc. 22 Suite 109 City & State 23 Orlando, Fl. Zip 24 32819	26 5979 Vineland Rd. Suite, Apt. #, etc. 27 Suite 109 City & State 28 Orlando, Fl. 32819 Zip 29 32819
Country 25 USA	Country 30 USA

3. Date incorporated or Qualified <b>05/31/1984</b>	Applied For <input type="checkbox"/>
4. FEI Number <b>59-2459073</b>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LORENZ, JAVIER, M.D.  
 5979 VINELAND RD #109  
 SUITE 118  
 ORLANDO FL 32819**

10. Name and Address of New Registered Agent

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

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 *Arnold M. Einhorn* **M.D., Secretary Arnold M. Einhorn, M.D. 2/27/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>T GONZALEZ, MARK S.</b>
STREET ADDRESS	<b>5979 VINELAND RD #109</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP MARCOS S. HAZDAY, M.D.</b>
STREET ADDRESS	<b>5979 VINELAND RD #109</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S ARNOLD M. EINHORN, M.D.</b>
STREET ADDRESS	<b>5979 VINELAND RD #109</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PART KANTOUNIS, LOUIS J MD</b>
STREET ADDRESS	<b>5979 VINELAND RD #109</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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 changed, or on an attachment with an affidavit.

SIGNATURE *Arnold M. Einhorn* **Arnold M. Einhorn, M.D. 2/27/98 407-351-5384**

CR2E034 (10/97)