

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90001 046 \*\*\*158.75

**DOCUMENT # H05934**

1. Entity Name

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

Principal Place of Business

Mailing Address

5979 VINELAND RD  
 STE 109  
 ORLANDO FL 32819  
 US

5979 VINELAND RD  
 STE 109  
 ORLANDO FL 32819-7857  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2459073**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LORENZ, JAVIER, M.D.**  
 5979 VINELAND RD #109  
~~SUITE 110~~ Suite 109  
 ORLANDO FL 32819

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

**MARCOS S. HAZDAY, MD TREASURER**

(NOTE: Registered Agent signature required when reinstating)

**4/20/00**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, MARK S.</b>	
STREET ADDRESS	<b>5979 VINELAND RD #109</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MARCOS S. HAZDAY, M.D.</b>	
STREET ADDRESS	<b>5979 VINELAND RD #109</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ARNOLD M. EINHORN, M.D.</b>	
STREET ADDRESS	<b>5979 VINELAND RD #109</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>PART</b>	<input type="checkbox"/> Delete
NAME	<b>KANTOUNIS, LOUIS J MD</b>	
STREET ADDRESS	<b>5979 VINELAND RD #109</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PARTNERS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PETER TAYLOR, M.D.</b>	
STREET ADDRESS	<b>5979 VINELAND RD SUITE 109</b>	
CITY-ST-ZIP	<b>ORLANDO, FLA. 32819</b>	
TITLE	<b>PARTNER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHANDRESH DUGGAL, MD</b>	
STREET ADDRESS	<b>5979 VINELAND #109</b>	
CITY-ST-ZIP	<b>ORLANDO, FLA. 32819</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)