


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90242 013 ***158.75

DOCUMENT # H05934

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



Principal Place of Business
**1717 S ORANGE AVE
 STE 105
 ORLANDO, FL 32806 US**

Mailing Address
**1717 S ORANGE AVE
 STE 105
 ORLANDO, FL 32806 US**

14008938



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04262005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2459073

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MARCOS, HAZDAY
 1717 SOUTH ORANGE AVE.
 SUITE 105
 ORLANDO, FL 32806**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCOS S. HAZDAY, M.D. 1717 S. ORANGE AVE., SUITE 105 ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS, AT Mouaz Tawon, m.d. 10,000 West Colonial Drive, suite 282 Ocoee, FL 34761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARNOLD M. EINHORN, M.D. 1717 S. ORANGE AVE. SUITE 105 ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Barry Weinstock, m.d. 1717 S. Orange Ave, Suite 105 Orlando, FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KANTOUNIS, LOUIS 10000 WEST COLONIAL DRIVE, SUITE 282 OCOEE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, PETER M.D. 1717 S. ORANGE AVE., SUITE 105 ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DUGGAL, CHANDRESH MD 10000 WEST COLONIAL DRIVE., SUITE 282 OCOEE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Duggal, Chandresh MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10,000 West Colonial Drive, suite 282 Ocoee, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CUSCO, JORSE 1717 S. ORANGE AVE. SUITE 105 ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUSCO, JORGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1717 S. Orange Ave, suite 105 Orlando, FL 32806

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4/26/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #