

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# H05934

FILED
Jul 01, 2008
Secretary of State**Entity Name:** MID-FLORIDA CARDIOLOGY SPECIALISTS, P.A.**Current Principal Place of Business:**1717 S ORANGE AVE
STE 105
ORLANDO, FL 32806 US**New Principal Place of Business:****Current Mailing Address:**1717 S ORANGE AVE
STE 105
ORLANDO, FL 32806 US**New Mailing Address:****FEI Number:** 59-2459073**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARCOS, HAZDAY
1717 SOUTH ORANGE AVE.
SUITE 105
ORLANDO, FL 32806 US**Name and Address of New Registered Agent:**ARNOLD, EINHORN
1717 SOUTH ORANGE AVE.
SUITE 105
ORLANDO, FL 32806 US

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: ARNOLD EINHORN

07/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARCOS S. HAZDAY, M.D.
Address: 1717 S.ORANGE AVE., SUITE 105
City-St-Zip: ORLANDO, FL 32806

Title: S () Delete
Name: ARNOLD M. EINHORN, M.D.
Address: 1717 S. ORANGE AVE. SUITE 105
City-St-Zip: ORLANDO, FL 32806

Title: V () Delete
Name: KANTOUNIS, LOUIS
Address: 10000 WEST COLONIAL DRIVE, SUITE 282
City-St-Zip: OCOEE, FL 34761

Title: T () Delete
Name: TAYLOR, PETER M.D.
Address: 1717 S. ORANGE AVE., SUITE 105
City-St-Zip: ORLANDO, FL 32806

Title: V () Delete
Name: DUGGAL, CHANDRESH MD
Address: 10000 WEST COLONIAL DRIVE., SUITE 282
City-St-Zip: OCOEE, FL 34761

Title: V () Delete
Name: CUSCO, JORGE
Address: 1717 S. ORANGE AVE. SUITE 105
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EINHORN, ARNOLD, M.D.
Address: 1717 S.ORANGE AVE., SUITE 105
City-St-Zip: ORLANDO, FL 32806

Title: S (X) Change () Addition
Name: HAZDAY, MARCOS, MD
Address: 1717 S. ORANGE AVE. SUITE 105
City-St-Zip: ORLANDO, FL 32806

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNOLD EINHORN

P

07/01/2008

Electronic Signature of Signing Officer or Director

Date