2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H05934

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

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

1717 S ORANGE AVE

STE 105

ORLANDO, FL 32806 US

New Mailing Address: Current Mailing Address:

1717 S ORANGE AVE STE 105

ORLANDO, FL 32806 US

FEI Number: 59-2459073 FEI Number Applied For () FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARNOLD, EINHORN 1717 SOUTH ORANGE AVE. SUITE 105 ORLANDO, FL 32806 US

SUITE 105 ORLANDO, FL 32806 US

ARNOLD, EINHORN M M.D. 1717 SOÚTH ORANGE AVE.

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 M. EINHORN, M.D.

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete EINHORN ,ARNOLD, M.D. Name: 1717 S.ORANGE AVE., SUITE 105

City-St-Zip: ORLANDO, FL 32806

Address:

Title: () Delete

Name: HAZDAY, MARCOS, MD 1717 S. ORANGE AVE. SUITE 105 Address:

ORLANDO, FL 32806 City-St-Zip:

() Delete Title: KANTOUNIS, LOUIS Name:

10000 WEST COLONIAL DRIVE, SUITE 282 Address:

City-St-Zip: OCOEE, FL 34761

Title: () Delete TAYLOR, PETÉR M.D. Name:

Address: 1717 S. ORANGE AVE., SUITE 105

City-St-Zip: ORLANDO, FL 32806

Title: () Delete DUGGAL, CHANDRESH MD Name:

10000 WEST COLONIAL DRIVE., SUITE 282 Address:

City-St-Zip: OCOEE, FL 34761

Title: () Delete CUSCO, JORGE Name:

1717 S. ORANGE AVE. SUITE 105 Address:

City-St-Zip: ORLANDO, FL 32806 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition EINHORN, ARNOLD M M.D. Name: 1717 S.ORANGE AVE., SUITE 105 Address:

City-St-Zip: ORLANDO, FL 32806

Title: (X) Change () Addition

Name: HAZDAY, MARCOS S M.D. 1717 S. ORANGE AVE. SUITE 105 Address:

ORLANDO, FL 32806 City-St-Zip:

Title: (X) Change () Addition KANTOUNIS, LOUIS J M.D. Name:

10000 WEST COLONIAL DRIVE, SUITE 282 Address:

City-St-Zip: OCOEE, FL 34761

Title: (X) Change () Addition TAYLOR, PETER D M.D. Name:

Address: 1717 S. ORANGE AVE., SUITE 105 City-St-Zip: ORLANDO, FL 32806

Title: (X) Change () Addition

Name: DUGGAL, CHANDRESH MD

Address: 10000 WEST COLONIAL DRIVE., SUITE 282

City-St-Zip: OCOEE, FL 34761

Title: (X) Change () Addition

Name: CUSCO, JORGE A M.D. 1717 S. ORANGE AVE. SUITE 105 Address:

City-St-Zip: ORLANDO, FL 32806

Ρ

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 M. EINHORN, M.D. Electronic Signature of Signing Officer or Director

04/28/2009