

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90098 049 ***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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2459073**

Applied For
 Not Applicable

Zip Country Zip Country

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

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 118
ORLANDO FL 32819

Name
Hazday, Marcos

Street Address (P.O. Box Number is Not Acceptable)
1717 South Orange Ave

suite 105

City **Orlando** FL Zip Code **32806**

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

3-14-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	Delete
VP	MARCOS S. HAZDAY, M.D.	5979 VINELAND RD #109	ORLANDO FL 32819	<input type="checkbox"/>
S	ARNOLD M. EINHORN, M.D.	5979 VINELAND RD #109	ORLANDO FL 32819	<input type="checkbox"/>
T	KANTOUNIS, LOUIS J MD	5979 VINELAND RD #109	ORLANDO FL 32819	<input type="checkbox"/>
AT	TAYLOR, PETER M.D.	5979 VINELAND RD SUITE 109	ORLANDO FL 32819	<input type="checkbox"/>
AS	DUGGAL, CHANDRESH MD	5979 VINELAND SUITE #109	ORLANDO FL 32819	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	MARCOS HAZDAY, M.D.	1717 S. Orange Ave, suite 105	Orlando, FL 32806	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Arnold Einhorn, M.D.	1717 S. Orange Ave, suite 105	Orlando, FL 32806	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	Louis Kantounis, M.D.	10.000 West Colonial Drive, suite 282	Ocoee, FL 34761	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Peter Taylor, M.D.	1717 S. Orange Ave, suite 105	Orlando, FL 32806	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AS	Chandresh Dussal	10.000 West Colonial Drive, suite 282	Ocoee, FL 34761	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AT	Jorge Cusco, M.D.	1717 S. Orange Ave, suite 105	Orlando, FL 32806	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

3/14/03 407-351-5384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)