

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000098128

FILED
Apr 08, 2009
Secretary of State

Entity Name: MID FLORIDA CARDIOVASCULAR ANESTHESIA ASSOCIATES, P.A.

Current Principal Place of Business:

1511 S.W. 1ST AVE.
OCALA, FL 34474

New Principal Place of Business:

1511 S.W. 1ST AVE.
OCALA, FL 34471

Current Mailing Address:

PO DRAWER 3130
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3543180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTIE, PAUL G M.D.
1511 S.W. 1ST AVE.
OCALA, FL 34474 US

Name and Address of New Registered Agent:

CORTES, JOSE ESQ
4 SE BROADWAY
OCALA, FL 34471 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: JOSE CORTES, ESQ

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: ROBERTIE, PAUL G M.D.
Address: 1511 S.W. 1ST AVE.
City-St-Zip: OCALA, FL 34474

Title: P () Delete
Name: PALMIRE, VINCENT M.D.
Address: 1511 S.W. 1ST AVE.
City-St-Zip: OCALA, FL 34474

Title: V () Delete
Name: SULLIVAN, DANIEL B
Address: 1511 SW 1ST AVE
City-St-Zip: OCALA, FL 34474

Title: V () Delete
Name: HARRISON, LAWRENCE R
Address: 1511 SW 1ST AVE
City-St-Zip: OCALA, FL 34474

Title: VP () Delete
Name: DEPUTAT, MIKHAIL
Address: 1511 SW 1ST AVE
City-St-Zip: OCALA, FL 34474

Title: D (X) Delete
Name: MIKOWSKI, S. MICHAEL
Address: 1511 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change () Addition
Name: ROBERTIE, PAUL G M.D.
Address: 1511 S.W. 1ST AVE.
City-St-Zip: OCALA, FL 34471 US

Title: MGR (X) Change () Addition
Name: PALMIRE, VINCENT C M.D.
Address: 1511 S.W. 1ST AVE.
City-St-Zip: OCALA, FL 34471 US

Title: MGR (X) Change () Addition
Name: MIKOWSKI, S. MICHAEL D.O
Address: 1511 SW 1ST AVE
City-St-Zip: OCALA, FL 34471 US

Title: MGR (X) Change () Addition
Name: HARRISON, LAWRENCE R
Address: 1511 SW 1ST AVE
City-St-Zip: OCALA, FL 34471 US

Title: MGR (X) Change () Addition
Name: DEPUTAT, MIKHAIL M.D.
Address: 1511 SW 1ST AVE
City-St-Zip: OCALA, FL 34471 US

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: VINCENT C. PALMIRE

MGR

04/08/2009

Electronic Signature of Signing Officer or Director

Date