

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 673460

Entity Name: ECONFINA CARDIOLOGY GROUP, P.A.

Current Principal Place of Business:

801 E. 6TH STREET
SUITE 504
PANAMA CITY, FL 32401

Current Mailing Address:

801 E. 6TH STREET
SUITE 504
PANAMA CITY, FL 32401

FEI Number: 59-2005970

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRANHAM, JOEY L MD
801 EAST SIXTH STREET
SUITE 504
PANAMA CITY, FL 32401 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: JOEY L TRANHAM, MD

02/23/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name MORROW, MICHAEL F MD
Address 801 E 6TH ST
City-State-Zip: PANAMA CITY FL 32401

Title VP
Name MANER, THOMPSON C
Address 801 E 6TH STREET
SUITE 504
City-State-Zip: PANAMA CITY FL 32401

Title P
Name TRANHAM, JOEY L
Address 801 E 6TH ST
City-State-Zip: PANAMA CITY FL 32401

Title VP
Name EVANS, BUSSIE A
Address 801 E 6TH ST
City-State-Zip: PANAMA CITY FL 32401

Title SECRETARY
Name STOKES, MICHAEL J
Address 801 E 6TH ST
City-State-Zip: PANAMA CITY FL 32401

Title VP
Name BADDIGAM, HARI K
Address 801 E. 6TH ST.
City-State-Zip: PANAMA CITY FL 32401

Title ASST. TREASURER
Name HAGHIGHAT, AMIR
Address 801 E 6TH STREET
SUITE 504
City-State-Zip: PANAMA CITY FL 32401

Title ASST. TREASURER
Name MUBARAK, HASHEM
Address 801 E 6TH STREET
SUITE 504
City-State-Zip: PANAMA CITY FL 32401

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: JOEY L. TRANHAM

PRESIDENT

02/23/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name PATEL, SAMIR
Address 801 E 6TH STREET
SUITE 504
City-State-Zip: PANAMA CITY FL 32401