

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 673460

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**5660275082CC**

**Entity Name:** ECONFINA CARDIOLOGY GROUP, P.A.

**Current Principal Place of Business:**

11111 PANAMA CITY BEACH PARKWAY  
SUITE 109  
PANAMA CITY BEACH, FL 32407

**Current Mailing Address:**

POB 18379  
PANAMA CITY BEACH, FL 32417 US

**FEI Number:** 59-2005970

**Certificate of Status Desired:** No

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

HAGHIGHAT, AMIR R MD  
11111 PANAMA CITY BEACH PARKWAY  
SUITE 109  
PANAMA CITY BEACH, FL 32407 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:** AMIR R HAGHIGHAT, MD

04/30/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name MORROW, MICHAEL F MD  
Address 11111 PANAMA CITY BEACH  
PARKWAY  
SUITE 109  
City-State-Zip: PANAMA CITY BEACH FL 32407

Title VP  
Name MANER, THOMPSON C  
Address 11111 PANAMA CITY BEACH  
PARKWAY  
SUITE 109  
City-State-Zip: PANAMA CITY BEACH FL 32407

Title T  
Name TRANTHAM, JOEY L  
Address 11111 PANAMA CITY BEACH  
PARKWAY  
SUITE 109  
City-State-Zip: PANAMA CITY BEACH FL 32407

Title VP  
Name EVANS, BUSSIE A  
Address 11111 PANAMA CITY BEACH  
PARKWAY  
SUITE 109  
City-State-Zip: PANAMA CITY BEACH FL 32407

Title SECRETARY  
Name STOKES, MICHAEL J  
Address 11111 PANAMA CITY BEACH  
PARKWAY  
SUITE 109  
City-State-Zip: PANAMA CITY BEACH FL 32407

Title PRESIDENT  
Name HAGHIGHAT, AMIR  
Address 11111 PANAMA CITY BEACH  
PARKWAY  
SUITE 109  
City-State-Zip: PANAMA CITY BEACH FL 32407

Title ASST. TREASURER  
Name MUBARAK, HASHEM  
Address 11111 PANAMA CITY BEACH  
PARKWAY  
SUITE 109  
City-State-Zip: PANAMA CITY BEACH FL 32407

Title ASST. SECRETARY  
Name PATEL, SAMIR  
Address 11111 PANAMA CITY BEACH  
PARKWAY  
SUITE 109  
City-State-Zip: PANAMA CITY BEACH FL 32407

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*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:** AMIR HAGHIGHAT, MD

**PRESIDENT**

04/30/2019

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name HOANG, NGHIA  
Address 11111 PANAMA CITY BEACH PARKWAY  
SUITE 109  
City-State-Zip: PANAMA CITY BEACH FL 32407