# 2014 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

### Name and Address of Current Registered Agent:

TRANTHAM, 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 TRANTHAM, MD			02/25/2014
	Electronic Signature of Registered Agent			Date
Officer/Direct	tor Detail :			
Title	VP	Title	VP	
Name I	MORROW, MICHAEL F MD	Name	MANER, THOMPSON C	
Address	801 E 6TH ST	Address	801 E 6TH STREET	
City-State-Zip:	PANAMA CITY FL 32401	City-State-Zip:	SUITE 504 PANAMA CITY FL 32401	
Title	P	Title	VP	
Name	TRANTHAM, JOEY L	Name	EVANS, BUSSIE A	
Address	801 E 6TH ST	Address	801 E 6TH ST	
City-State-Zip:	PANAMA CITY FL 32401	City-State-Zip:		
Title	SECRETARY	Title	VP	
Name	STOKES, MICHAEL J	Name	BADDIGAM, HARI K	
Address	801 E 6TH ST	Address	801 E. 6TH ST.	
City-State-Zip:	PANAMA CITY FL 32401	City-State-Zip:		
Title	ASST. TREASURER	Title	ASST. TREASURER	
Name I	HAGHIGHAT, AMIR	Name	MUBARAK, HASHEM	
	801 E 6TH STREET SUITE 504	Address	801 E 6TH STREET SUITE 504	
City-State-Zip:	PANAMA CITY FL 32401	City-State-Zip:	PANAMA CITY FL 32401	

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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	: JOEY L TRANTHAM, MD	PRESIDENT	02/25/2014
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Feb 25, 2014 Secretary of State CC9154826772

Certificate of Status Desired: No

### **Officer/Director Detail Continued :**

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