

**2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 673460

**FILED**  
**Sep 17, 2016**  
**Secretary of State**  
**CC0212315222**

**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:**

HAGHIGHAT, AMIR R 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:** AMIR R HAGHIGHAT, MD

09/17/2016

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 T  
Name TRANTHAM, 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 PRESIDENT  
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

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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 R HAGHIGHAT, MD

PRESIDENT

09/17/2016

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