

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F72866

Entity Name: CARDIAC CLINIC OF SUNIL M. KAKKAR, M.D., P.A.

Current Principal Place of Business:

311 WEST OAK STREET
KISSIMMEE, FL 34741

Current Mailing Address:

311 WEST OAK STREET
KISSIMMEE, FL 34741

FEI Number: 59-2180685

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARDIAC CLINIC
311 WEST OAK STREET
KISSIMMEE, FL 34741 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT
Name KAKKAR, SUNIL M.
Address 5542 OSPREY ISLE LANE
City-State-Zip: ORLANDO FL

Title DVP
Name PADMA K. RAJU
Address 8937 SOUTHERN BREEZE DRIVE
City-State-Zip: ORLANDO FL 32836

Title DVP
Name MADAN, ATUL
Address 9025 GREAT HERON CIRCLE
City-State-Zip: ORLANDO FL 32836

Title D
Name AGRAWAL, MANOJ
Address 9300 SOUTHERN BREEZE DRIVE
City-State-Zip: ORLANDO FL 32836

Title D
Name MOIN, KHURRAM
Address 9127 POINT CYPRESS DRIVE
City-State-Zip: ORLANDO FL 32836

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: SUNIL KAKKAR

PRESIDENT

04/09/2015

Electronic Signature of Signing Officer/Director Detail

Date