

**2024 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	9152 POINT CYPRESS DRIVE
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

Title	DIRECTOR
Name	KUMAR, SUNIL
Address	8059 CHILTON DRIVE
City-State-Zip:	ORLANDO FL 32836

Title	DIRECTOR
Name	GOWANI, SAQIB
Address	1029 DOTH STREET
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 M. KAKKAR**PRESIDENT****04/15/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date