

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G88342

Entity Name: LEWIS & KLANCKE CARDIOLOGY, P.A.**Current Principal Place of Business:**695 NORTH CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114**Current Mailing Address:**695 NORTH CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114**FEI Number:** 59-2385440**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAYOS, GLENN H MD
695 N CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114 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:** GLENN H. RAYOS, MD

02/06/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name RAYOS, GLENN H DR.
Address 695 NORTH CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title D
Name WILSON, VANCE EMD
Address 695 N CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL

Title D
Name WEST, OSCAR DR.
Address 695 N. CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title D
Name BROOME-WEBSTER, CHAD LMD
Address 695 N CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title D
Name SEIDE, HANSCY DR.
Address 695 NORTH CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name BARTHOLOMEW, BETH DR.
Address 695 NORTH CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name LAZARD, MARIELLE DR.
Address 695 NORTH CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name HORENSTEIN, JOSHUA DR.
Address 695 NORTH CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL 32114

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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: GLENN RAYOS

MD

02/06/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name RAO, SURYA DR.
Address 695 NORTH CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title OFFICER
Name PETERSON DO, VINCENT
Address 695 NORTH CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name VENZON , ROY
Address 695 NORTH CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name BHAVSAR, JANAK DR.
Address 695 NORTH CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title OFFICER
Name SHAH, UMANG MD
Address 695 NORTH CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL 32114