2023 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 01/19/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title D Title I

Name RAYOS, GLENN H DR. Name WILSON, VANCE EMD

Address 695 NORTH CLYDE MORRIS BLVD Address 695 N CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL 32114 City-State-Zip: DAYTONA BEACH FL

Title D Title D

NameWEST, OSCAR DR.NameBROOME-WEBSTER, CHAD LMDAddress695 N. CLYDE MORRIS BLVDAddress695 N CLYDE MORRIS BLVDCity-State-Zip:DAYTONA BEACH FL 32114City-State-Zip:DAYTONA BEACH FL 32114

Title D Title DIRECTOR

Name SEIDE, HANSCY DR. Name BARTHOLOMEW, BETH DR.

Address 695 NORTH CLYDE MORRIS BLVD Address 695 NORTH CLYDE MORRIS BLVD

City-State-Zip: DAYTONA BEACH FL 32114 City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR Title DIRECTOR

Name LAZARD, MARIELLE DR. Name HORENSTEIN, JOSHUA DR.

Address 695 NORTH CLYDE MORRIS BLVD Address 695 NORTH CLYDE MORRIS BLVD

City-State-Zip: DAYTONA BEACH FL 32114 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 DIRECTOR 01/19/2023

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 19, 2023

Secretary of State

8391912042CC

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