

**2018 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# H05934

**Entity Name:** MID-FLORIDA CARDIOLOGY SPECIALISTS, P.A.

**Current Principal Place of Business:**

4700 N HIATUS RD  
SUITE 151C  
SUNRISE, FL 33351

**Current Mailing Address:**

4700 N HIATUS RD  
SUITE 151C  
SUNRISE, FL 33351 US

**FEI Number:** 59-2459073

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WEIR, MICHAEL  
4700 N HIATUS RD  
SUITE 151C  
SUNRISE, FL 33351 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:** MICHAEL WEIR

04/25/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name EINHORN, ARNOLD M M.D.  
Address 4700 N HIATUS RD  
SUITE 151C  
City-State-Zip: SUNRISE FL 33351

Title VP  
Name WEIR, MICHAEL  
Address 4700 N HIATUS RD  
SUITE 151C  
City-State-Zip: SUNRISE FL 33351

Title CEO  
Name LORENZ, JAVIER M.D.  
Address 4700 N HIATUS RD  
SUITE 151C  
City-State-Zip: SUNRISE FL 33351

*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:** MICHAEL WEIR

TREASURER

04/25/2018

Electronic Signature of Signing Officer/Director Detail

Date