

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H05934

**Entity Name:** MID-FLORIDA CARDIOLOGY SPECIALISTS, P.A.**Current Principal Place of Business:**1222 S. ORANGE AVE  
3RD FLOOR  
ORLANDO, FL 32806**Current Mailing Address:**1222 S. ORANGE AVE  
3RD FLOOR  
ORLANDO, FL 32806 US**FEI Number:** 59-2459073**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ARNOLD, EINHORN MM.D.  
1222 S. ORANGE AVE.  
3RD FLOOR  
ORLANDO, FL 32806 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	P
Name	EINHORN, ARNOLD MM.D.
Address	1222 S. ORANGE AVE 3RD FLOOR
City-State-Zip:	ORLANDO FL 32806

Title	S
Name	TAWAM, MOUAZ M.D.
Address	10000 WEST COLONIAL DRIVE, SUITE 282
City-State-Zip:	OCOE FL 34761

Title	VP
Name	KANTOUNIS, LOUIS JM.D.
Address	10000 WEST COLONIAL DRIVE, SUITE 282
City-State-Zip:	OCOE FL 34761

Title	T
Name	TAYLOR, PETER DM.D.
Address	1222 S. ORANGE AVE 3RD FLOOR
City-State-Zip:	ORLANDO FL 32806

Title	VP
Name	DUGGAL, CHANDRESH MD
Address	10000 WEST COLONIAL DRIVE., SUITE 282
City-State-Zip:	OCOE FL 34761

Title	V
Name	CUSCO, JORGE AM.D.
Address	1222 S. ORANGE AVE 3RD FLOOR
City-State-Zip:	ORLANDO FL 32806

Title	OFFICER
Name	MEDIRATTA, SUNDEEP
Address	10,000 W. COLONIAL DR SUITE 282
City-State-Zip:	OCOE FL 37461

Title	OFFICER
Name	BELLO, DAVID DR.
Address	1222 S. ORANGE AVE 3RD FLOOR
City-State-Zip:	ORLANDO FL 32806

*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:** ARNOLD M. EINHORN, M.D.**PRESIDENT****01/27/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date