

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000021588

Entity Name: NORTHWEST FLORIDA HEART GROUP, P.A.**Current Principal Place of Business:**8333 N. DAVIS HIGHWAY
PENSACOLA, FL 32514**Current Mailing Address:**PO BOX 11339
PENSACOLA, FL 32524 US**FEI Number: 59-3710198****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BRANCO, MARCELO C. DR.
8333 N. DAVIS HIGHWAY, 4TH FLOOR
PENSACOLA, FL 32514 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: MARCELO C BRANCO****01/11/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	MILES, DAVID A DR.
Address	PO BOX 11339
City-State-Zip:	PENSACOLA FL 32524

Title	PRESIDENT
Name	BRANCO, MARCELO C. DR.
Address	PO BOX 11339
City-State-Zip:	PENSACOLA FL 32524

Title	D
Name	GUITIAN, JOSE DR.
Address	PO BOX 11339
City-State-Zip:	PENSACOLA FL 32524

Title	D
Name	PHILLIPS, DANIEL . DR.
Address	PO BOX 11339
City-State-Zip:	PENSACOLA FL 32524

Title	SECRETARY
Name	CELIGOJ, MICHELANNIE DR.
Address	8333 NORTH DAVIS HWY 4TH FLOOR
City-State-Zip:	PENSACOLA FL 32514

Title	OFFICER
Name	MEHMOOD, FARHAT DR.
Address	8333 NORTH DAVIS HWY 4TH FLOOR
City-State-Zip:	PENSACOLA FL 32514

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: MARCELO C BRANCO**PRESIDENT****01/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date