

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000018902

Entity Name: FLORIDA CARDIOVASCULAR SPECIALISTS, PA

Current Principal Place of Business:

1020 E. NORTH BOULEVARD
LEESBURG, FL 34748

Current Mailing Address:

1020 E. NORTH BOULEVARD
LEESBURG, FL 34748

FEI Number: 27-2056479

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA, HECTOR M.D.
1020 E. NORTH BOULEVARD
LEESBURG, FL 34748 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 PRESIDENT, TREASURER
Name GARCIA, HECTOR MD
Address 1851 LAKE TERRACE DRIVE
City-State-Zip: EUSTIS FL 32726

Title VP
Name ALVAREZ, NITZA I MD
Address 5545 WINDSONG OAK DR
City-State-Zip: LEESBURG FL 34748

Title SECRETARY
Name NEGRON MARRERO, ROBERTO L MD
Address 7310 BIRDS NEST COURT
City-State-Zip: YALAHA FL 34797

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: HECTOR L GARCIA

PRESIDENT

01/31/2015

Electronic Signature of Signing Officer/Director Detail

Date