

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000018902

**Entity Name:** FLORIDA CARDIOVASCULAR SPECIALISTS, PA

**Current Principal Place of Business:**

711 W MAIN STREET  
LEESBURG, FL 34748

**Current Mailing Address:**

711 W MAIN STREET  
LEESBURG, FL 34748 US

**FEI Number: 27-2056479**

**Certificate of Status Desired: No**

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

GARCIA, HECTOR M.D.  
711 W MAIN STREET  
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**

**02/03/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date