

**2013 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 P  
Name GARCIA, HECTOR MD  
Address 1851 LAKE TERRACE DRIVE  
City-State-Zip: EUSTIS FL 32726

Title VP  
Name ALVAREZ, NITZA I  
Address 5850 WINDSONG OAK DR  
City-State-Zip: LEESBURG FL 34748

Title SECRETARY, TREASURER  
Name LIU, WING YI  
Address 1808 OTTERS POND RD  
City-State-Zip: FRUITLAND PARK FL 34731

*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**

**01/20/2013**

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

\_\_\_\_\_  
Date