

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000050193

Entity Name: PREMIER HEART AND VASCULAR CENTER, P.A.

Current Principal Place of Business:

38035 MEDICAL CENTER AVENUE
ZEPHYRHILLS, FL 33540

Current Mailing Address:

P.O. BOX 2709
ZEPHYRHILLS, FL 33539

FEI Number: 20-3842362

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALKER, GARY
202 S ROME AVE
100
TAMPA, FL 33606 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	PD	Title	VD
Name	GUPTA, SUNIL M.D.	Name	CHAUHAN, KETUL K M.D.
Address	38035 MEDICAL CENTER AVENUE	Address	38035 MEDICAL CENTER AVENUE
City-State-Zip:	ZEPHYRHILLS FL 33540	City-State-Zip:	ZEPHYRHILLS FL 33540

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: SUNIL GUPTA _____

OWNER

03/25/2019

Electronic Signature of Signing Officer/Director Detail

_____ Date